

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42487**  
Registrar's No. **10943**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>2119</b>	
b. CITY OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>ST LOUIS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3717<sup>1/2</sup> WINDSOR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S INFIRMARY</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>EVA</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>JACKSON</b>	<b>11</b>	<b>29</b>	<b>54</b>
5. SEX <b>F 3</b>	6. COLOR OR RACE <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-9-91</b>	9. AGE (in years last birthday) <b>63</b>	10. IF UNDER 1 YEAR Days <b>9</b> Hours <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>LEXINGTON MISS.</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>GEORGIA BUCK</b>		14. NAME OF HUSBAND OR WIFE <b>ROBT. JACKSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robt. Jackson 3717<sup>1/2</sup> Windsor</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Accident (Thrombosis)</b>		DUE TO (b) <b>Arteriosclerosis</b>			<b>6 wks</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>(Degenerative disease (age))</b>			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus (Mild)</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>	

22. I hereby certify that I attended the deceased from **Nov. 13, 1954**, to **Nov. 29, 1954**, that I last saw the deceased alive on **Nov. 29, 1954**, and that death occurred at **9:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. P. Forde M.D.</b>		23b. ADDRESS <b>2746a Franklin Ave.</b>		23c. DATE SIGNED <b>11-30-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>12-4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		
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DATE REC'D BY LOCAL REG. <b>DEC 1 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. F. Walton 2707 Stedden</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.