

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44259**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2927**

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Wayne</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights, Mo.</b>		c. LENGTH OF STAY (in this place) <b>6 Days</b>	c. CITY OR TOWN <b>Fairfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			f. STREET ADDRESS (If rural, give location) <b>NONE</b> <b>8120 8</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Perry</b> c. (Last) <b>Jackson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 9, 1892</b>		9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milling Mach Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Airtex Corp.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne County, Illinois,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Sherman Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Jackson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles R. Jackson, 845 N. McKnight</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Sclerolyzed Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>luk.</b> <b>luk</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Dec 14, 1954</b> , to <b>Dec 19, 1954</b> , that I last saw the deceased alive on <b>Dec 19, 1954</b> , and that death occurred at <b>5:20</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>William A. Kempf M.D.</b>			23b. ADDRESS <b>416 S. Kendall St. Fairbairn</b>		23c. DATE SIGNED <b>12/20/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-19-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fairfield, Illinois,</b>
DATE REC'D BY LOCAL REG. <b>12-20-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domb, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>	

520 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 1955

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 .....  
Signature of Student Embalmer

Signed *Elmer R. Padgett*

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.