

XC-2055 197

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Reg. #7442

SL #5216

FILED APR 28 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. 13494

Registrar's No. 3454

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

|   |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Illinois</b> b. COUNTY <b>Saint Clair</b>  |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give TOWN) <b>915 N. Grand, St. Louis, Mo.</b>  |  | c. LENGTH OF STAY (in this place) <b>20 days</b>   |  | c. CITY OR TOWN <b>East St. Louis</b>   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |   |  |  |
| 3. NAME OF DECEASED (Type or Print) <b>ROBERT</b>   |  | a. (First) <b>L.</b>   |  | c. (Last) <b>JACKSON</b>  |  |  |
| 4. DATE OF DEATH <b>April 14, 1955</b>  |  | 7. MARRIED, NEVER MARRIED/<br>WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>6/29/92</b>   |  |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>Negro</b>  |  | 9. AGE (In years last birthday) <b>62</b>   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electric Operator</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tenn.</b>            |  |  |
| 13a. FATHER'S NAME <b>Robert J. Jackson</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Harris</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Odessa Jackson</b>                                   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>  |  | 16. SOCIAL SECURITY NO. <b>WA-1</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, St. Louis, Mo.</b>           |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA TOSIS</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>CARCINOMA OF LEFT KIDNEY</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>BRONCHOPNEUMONIA</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b><br><br><b>2 "</b> |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" 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) <b>VA</b> m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>180X</b>  |  |  |
| 22. I hereby certify that I attended the deceased from <b>3/25</b> , 19 <b>55</b> , to <b>4/14</b> , 19 <b>55</b> , and that death occurred at <b>3:00 Am.</b> , from the causes and on the date stated above.                  |  |  |  |   |  |  |
| 23a. SIGNATURE <b>H. F. Westphaelinger</b> (Type or title) <b>M.D.</b>  |  | 23b. ADDRESS <b>VA Hospital, St. Louis, Mo.</b>  |  | 23c. DATE SIGNED <b>4/14/55</b>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  | 24b. DATE <b>4/19/55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>                                  |  |  |
| 24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BKS. MO.</b>   |  | DATE REC'D BY LOCAL REG. <b>APR 18 1955</b>  |  |   |  |  |
| REGISTRAR'S SIGNATURE <b>Carl Smith</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Green</b>  |  | ADDRESS <b>4960</b>   |  |  |

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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.....  
*Melvin E. Gre*

Licensed Embalmer No. *443*  
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.