

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23923**  
**5609**  
Registrar's No.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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2</b> <b>4020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess</b>		d. STREET ADDRESS (If rural, give location) <b>918 Chain of Rocks Drive</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alta</b> b. (Middle) <b>Belle</b> c. (Last) <b>Jackson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> <b>0</b>	8. DATE OF BIRTH <b>July 21, 1883</b>
9. AGE (In years last birthday) <b>71</b>		10. MONTHS <b>11</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wisconsin Rural</b> <b>1</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Jackson</b>	
13b. MOTHER'S MAIDEN NAME <b>Polly Hellman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>345-01-0570</b>	
17. INFORMANT'S SIGNATURE OR NAME <i>Alice Hill</i>		17. ADDRESS <b>918 Chain of Rocks</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 <b>Dr. Hill (15)</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
ANTECEDENT CAUSES <b>due to Coronary Thrombosis</b>		<b>15 year</b>	
DUE TO (b) <b>Arteriosclerotic cardiovascular</b>			
DUE TO (c) <b>Disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		<b>?</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>August 13, 1953</b> to <b>June 26, 1955</b> , that I last saw the deceased alive on <b>June 26, 1955</b> , and that death occurred at <b>12:05 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>X [Signature]</i>		23b. ADDRESS <b>M.D.O 634 N. Grand Blvd.</b>	
23c. DATE SIGNED <b>6-28-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-29-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 28 1955</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Guy Mullen</i>	
REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		ADDRESS <b>5041 Delmar Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

— 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 John S. Kennedy

Licensed Embalmer No. 4194

P. O. Address St Louis, Mo

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

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