

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28605**

FILED AUG 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6873**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</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>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>21 2713 Stoddard St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b> b. (Middle) _____ c. (Last) <b>Jackson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 22 56</b>				
5. SEX <b>2</b> <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 3<sup>rd</sup> 1933</b>		9. AGE (In years last birthday) <b>23 YRS</b>	IF UNDER 1 YEAR Months _____ Days <b>19</b>	IF UNDER 1 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and State or Foreign Country) <b>HICKMAN KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>PINKY JACKSON</b>		13b. MOTHER'S MAIDEN NAME <b>PINKY NICHOLSON</b>		14. NAME OF HUSBAND OR WIFE <b>CATHERINE JACKSON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Stella Mae Corritten 2713 STODDARD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Upper Gastro-intestinal Hemorrhage Secondary to Esophageal Tumor</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Duodenal Ulcer Lower Nephron Nephrosis Pulmonary Tuberculosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
19a. DATE OF OPERATION <b>7-12-56</b> <b>7-25-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Bleeding from the Lower Third of the Esophagus</b> <b>Visceration of Abdominal Wound</b>					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. HOW DID INJURY OCCUR? <b>150 X A</b>		
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"/>						
22. I hereby certify that I attended the deceased from <b>7-10</b> , 19 <b>56</b> , to <b>7-22</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-22</b> , 19 <b>56</b> , and that death occurred at <b>5:35pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank O. Richards, M.D.</b>				23b. ADDRESS <b>2601 N. Whittier St.</b>		23c. DATE SIGNED <b>7-23-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>7-26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>			
DATE REC'D BY LOCAL REG. <b>JUL 24 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>A.F. WALTON 2707 STODDARD ST</b>				

m.g.B.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Alder*.....

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.