

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43240

FILED DEC 27 1956

State File No. \_\_\_\_\_  
Registrar's No. **11028**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11028</b>	
1. PLACE OF DEATH a. COUNTY <b>MO</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____			
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>5 YRS.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. HOMER PHILLIPS Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>3948 COTTAGE AVE.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) _____ c. (Last) <b>JACKSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 30 - 56</b>				
5. SEX <b>M.</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>NOV. 18 - 1927</b>	
9. AGE (In years last birthday) <b>29</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days <b>12</b>		IF UNDER 1 HRS. Hours _____	
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 <b>R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NATCHEZ MISS.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN JACKSON</b>			13b. MOTHER'S MAIDEN NAME <b>SUSIE FLOWERS</b>			14. NAME OF HUSBAND OR WIFE <b>MARY JACKSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>N.W. I</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARY JACKSON 3948 COTTAGE</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>Heroin Intoxication</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>323x</b>				20. AUTOPSY? 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Keeley</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12-3-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-5-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>NATCHEZ MISS.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. PETTIS FUNERAL HOME 4181 WASHINGTON</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 *Ethel M. Harris*

Licensed Embalmer No. *445*

P. O. Address *418 1/2 Wash*

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.