

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **44194**

No. 300
10.48

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **3091**

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY St. Louis | b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Clayton | a. STATE Missouri | b. COUNTY St. Louis |
| c. LENGTH OF STAY (in this place) 48 Hrs. | | c. CITY OR TOWN Overland | 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 St. Louis County Hospt. | | e. STREET ADDRESS 9020 Burton Ave. | |

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| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) DOROTHY | b. (Middle) E. | c. (Last) JACKSON | (Month) 12 | (Day) 22 | (Year) 1956 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 10-28-1890 | | 9. AGE (In years last birthday) 66 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Unk Hubbard | 13b. MOTHER'S MAIDEN NAME Unk | 14. NAME OF HUSBAND OR WIFE Adolph Jackson Dec. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Robt. P. Jackson | ADDRESS 2167 E. Warne Ave. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction - complete | | |
| | ANTECEDENT CAUSES DUE TO (b) Adhesions + internal hernia. DUE TO (c) Operative adhesions | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angerone of Iremel Acute Peritonitis | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 5705 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) | 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 12-21, 1956, to 12-22, 1956, that I last saw the deceased alive on 12-22, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Robert M. Jay M.D. | 23b. ADDRESS 6015 Brentwood Blvd. | 23c. DATE SIGNED 12-22-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-26-56 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |

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| DATE REC'D BY LOCAL REG. 12-24-56 | REGISTRAR'S SIGNATURE Herbert B. Donahue | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Clark | ADDRESS F.H. 1125 Hodiamont Ave. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Alfred J. Breder*

Licensed Embalmer No. *266*

P. O. Address *119 57th*

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.