

## STANDARD CERTIFICATE OF DEATH

2838

FILED JAN 29 1957

318

1003

STATE FILE NUMBER

279

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis</u> TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>East St. Louis</u>		8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Cardinal Glennon</u> INSTITUTION <u>Memorial Hospital</u>			Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>1151<sup>st</sup> Kansas</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>T A N Y A</u> Middle Last <u>JACKSON</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1957</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-28-56</u>		9. AGE (In years last birthday) <u>6 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state of country) <u>Illinois Scott AF Base</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Dennis Jackson</u>				14. MOTHER'S MAIDEN NAME <u>Beatrice Jackson (Waide)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Dennis Jackson</u> Address <u>1151<sup>st</sup> Kansas</u> <u>E. St. Louis, Illinois</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Enteritis due to Escherichia coli</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		<u>Dr. Joseph M. Dwyer</u> <u>Septicemia</u> <u>1/11/57</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>E. coli Septicemia</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>none</u>						
20c. TIME OF INJURY Hour <u>None</u> a. m. <u>None</u> p. m. <u>None</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>None</u>	20g. COUNTY <u>None</u>	20h. STATE <u>None</u>				
21. I attended the deceased from <u>Jan 9 1957</u> to <u>Jan. 9, 1957</u> and last saw her alive on <u>January 9, 1957</u> Death occurred at <u>113<sup>301</sup> p. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James O'King M.D.</u>				22b. ADDRESS <u>146<sup>5</sup> S. Grand Ave.</u>		22c. DATE SIGNED <u>Jan. 10, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/10/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond Kentucky</u>			
24. FUNERAL DIRECTOR <u>Marion Office</u> ADDRESS <u>214 Mo. Ave E. St. Louis, Ill.</u>			25. DATE RECD. BY LOCAL REG. <u>JAN 10 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Ben H. Baldwin* .....

Licensed Embalmer No. *242*

P. O. Address *721 N. 26*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.