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SL 12421

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2842

FILED JAN 29 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS,MO. — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL — Length of stay in Hospital 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST LOUIS — Inside Limits Yes X No ☐
d. STREET ADDRESS 3954 COOK AVE. (If outside, give location) — Reside on Farm Yes ☐ No X

35 2/1/9 0

3. NAME OF DECEASED (Type or print): First ROBERT Middle Last JEMISON

4. DATE OF DEATH Month Day Year JANUARY 7, 1957

5. SEX MALE 2

6. COLOR OR RACE NEGRO

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH 9/25/18

9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) MARIANNA, ARKANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ~~ROBERT~~ JEMISON, George

14. MOTHER'S MAIDEN NAME ESSIE ROBINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 427-20-0586

17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UREMIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) MALIGNANT HYPERTENSION
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Undetermined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 445x
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/1/57, to 1/7/57 and last saw ~~him~~ him alive on 1/7/57
Death occurred at 3:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. C. Johnston Jr. (Degree or title) M.D.
22b. ADDRESS 915 N.Grand VAH, ST. LOUIS, MO.
22c. DATE SIGNED 1/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 1/14/57
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR Luke Jones ADDRESS 1343 N. Garrison Ave.
25. DATE RECD. BY LOCAL REG. JAN 9 '57
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 42

P. O. Address 5516 M

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