

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3060

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

Health,  
& Welfare  
Public  
ServiceS. 300  
1-56All  
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

Securing the medical certification in the Specimen manner required by 193.140 makes it possible for the doctor, coroner, etc. to use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

|   |                              |  |   |   |  |
|---|------------------------------|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u><br>b. COUNTY                                       |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St Louis, Mo</u>   |                              | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY<br>OR<br>TOWN <u>St Louis</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>01 Masonic Home of Mo. 249 - Elm - 16th 7/29</u>   |                              | Length of stay in 1b   |   | d. STREET ADDRESS (If outside, give location)<br><u>5351 Delmar</u>                 |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Gertrude</u> Middle <u>LEE</u> Last <u>JACKSON</u>   |                              | 4. DATE OF DEATH<br>Month <u>Mar.</u> Day <u>28</u> Year <u>1957</u>   |   |   |  |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>    | 8. DATE OF BIRTH<br><u>March 16, 1868</u> | 9. AGE (In years last birthday)<br><u>89</u>  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>12</u> Hours <u></u> Min. <u></u><br>IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Lexington Mo. 0</u>                |  |
| 10c. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |                              | 13. FATHER'S NAME<br><u>Samuel E. Shurgin</u>  |   | 14. MOTHER'S MAIDEN NAME<br><u>Margaret Cornelia Chambers</u>                       |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                              | 16. SOCIAL SECURITY NO.<br><u>✓</u>  |   | 17. INFORMANT<br><u>5351 Delmar St<br/>Lester C. Robertson</u>                      |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>SUBDURAL HEMATOMA</u><br><u>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b), (c) OR TO (c) SKULL FRACTURE</u><br><u>CONTUSION AND HEMATOMA TO SCALP</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>HYPERTENSION</u> |                              |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 DAYS</u><br><u>2 DAYS</u><br><u>2 DAYS</u> |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>FALL ON STAIRS AT 5372 ENRIGHT, ST. LOUIS, MO.</u>          |   |   |  |
| 20c. TIME OF INJURY<br>Hour <u>9</u> a. m. Month <u>3</u> Day <u>27</u> Year <u>57</u>  |                              | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>12 farm, factory, street, office bldg., etc.) MASONIC HOME</u> |   |   |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                              | 20f. CITY, TOWN, OR LOCATION<br><u>ST. LOUIS</u>   |   | COUNTY <u>Mo.</u> STATE   |  |
| 21. I attended the deceased from <u>5-23-56</u> to <u>3-27-57</u> and last saw her/him alive on <u>3-29-57</u><br>Death occurred at <u>10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                              |  |   |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><u>Robert A. Hall, M.D. 0</u>  |                              | 22b. ADDRESS<br><u>5351 DELMAR 3902 LAFAYETTE ST. LOUIS, MO.</u>   |   | 22c. DATE SIGNED<br><u>MARCH 29, 1957</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>cremation</u>   |                              | 23b. DATE<br><u>3-39-57</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Crematory</u>                    |  |
| 23d. LOCATION (City, town, or county)<br><u>St. Louis Co., Mo.</u>  |                              | 23e. (State)   |   |   |  |
| 24. FUNERAL DIRECTOR<br><u>Louis H. Bopp, Inc.</u>  |                              | ADDRESS<br><u>Kirkwood, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 29 '57</u>                                   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Charles Smith Mo</u>  |                              | m 8/3  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis J. [Signature]*.....  
Licensed Embalmer No. 451

P. O. Address *Richardson, Tex.*

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.