

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1958

58-007391
 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 REGISTRAR'S NO. 946

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 946	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. LENGTH OF STAY (in this place) 58 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		4000 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION 16 Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 27 3938 Canterbury Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Clyde		b. (Middle) Le Roy		c. (Last) Jackson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27, 1879		9. AGE (In years last birthday) 78 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Leschen Rope Co		11. BIRTHPLACE (City and State or Foreign Country) Genesee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alden Jackson		13b. MOTHER'S MAIDEN NAME Calista Norrie		14. NAME OF HUSBAND OR WIFE Florence Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-01-5433		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harold M. Jackson, 5362 Sunshine Dr. 9			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction doe ANTECEDENT CAUSES Anteriosclerotic coronary Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterog Thrombosis. DUE TO (c) Generalized Arteriosclerosis ?					INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 1/22, 1958, to 1/25, 1958, that I last saw the deceased alive on 1/24, 1958, and that death occurred at 1:15A m., from the causes and on the date stated above.							
23a. SIGNATURE W. M. Weber		(Degree or title) M.D.		23b. ADDRESS 7504 Hedra mont		23c. DATE SIGNED 1/24/58	
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 1/27/58		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 27 58		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3938 Centerbury Dr.
2 P.M. Today, Sure

File in City.

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
Student Embalmer

Signed *John A. Melnar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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 this body is not embalmed, fact should be so stated above.