

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007392

FILED FEB 28 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1759**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place) 2 Mos.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. STREET ADDRESS (If rural, give location) 3333 N. Union Blvd.			

3. NAME OF DECEASED (Type or Print)	a. (First) Elsie	b. (Middle) (None)	c. (Last) Jackson	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Apr. 27, 1900	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 57 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) Anna, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Dawson	13b. MOTHER'S MAIDEN NAME Emily (Not Known)	14. NAME OF HUSBAND OR WIFE Jack 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. None	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS Maxine Gashgarian E. St. Louis, Ill.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterioscl. heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterioscl with hypert.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis		10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 420.0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **2-19**, 19**54**, to **2-13**, 19**58**, that I last saw the deceased alive on **2-13**, 19**58**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John L Horner (Degree or title) MD	23b. ADDRESS 111 N. Taylor St. Louis, Mo.	23c. DATE SIGNED 2-14-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/16/58	24c. NAME OF CEMETERY OR CREMATORY Mount Hope
24d. LOCATION (City, town, or county) (State) Belleville, Illinois	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Cassidy, E. St. Louis, Ill.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 14 58 Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Cassidy, E. St. Louis, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Kasaly.....

Licensed Embalmer No. 6855.....

P. O. Address East St. Louis.....

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.