

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015975
STATE FILE NUMBER
4764

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4764

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Little Rock Hosp, Inc		d. STREET ADDRESS (If outside, give location) 3210 Taylor	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elijah Middle - Last Jackson		4. DATE OF DEATH Month May Day 1 Year 1958	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 22, 1905
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penr. Stowman		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and state or country) Maconlake Ark
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME will Jackson	
13b. MOTHER'S MAIDEN NAME Pearlie Johnson		14. NAME OF HUSBAND OR WIFE Mary Jackson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 432-09-7348	
17. INFORMANT Mary Jackson		Address 3210 N. Taylor Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arteriscleritic Heart Disease DUE TO (c) 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Endophthalmalacia			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.) Not injured	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 April 21, 1958 to May 1, 1958 and last saw xx him alive on May 1, 1958 Death occurred at 1:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles Kruener, M.D.	
22b. ADDRESS 1755 S. Grand Ave		22c. DATE SIGNED 5/2/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5 7 1958	23c. NAME OF CEMETERY OR CREMATORY Washington park	23d. LOCATION (City, town, or county) (State) st louis county mo
24. FUNERAL DIRECTOR John W. Broom		ADDRESS 2016 N. Garrison	DATE RECD. BY LOCAL REG. MAY 5 '58
24. REGISTRAR'S SIGNATURE Carl Smith MD		m xps	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Leroy M. Durman

Licensed Embalmer No. *4528*

P. O. Address *4257 Mead*

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.