

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023596  
State File No. 6006  
Registrar's No. 6006

FILED JUL 1 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo**  
c. LENGTH OF STAY (in this place) **5 Mo.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Louis Chronic Hospital**  
e. STREET ADDRESS (If rural, give location) **217 2621 Lucas Ave.,**  
d. Is Residence within limits of a city or incorporated town? Yes  No

3. NAME OF DECEASED (Type or Print)  
a. (First) **Jesse** b. (Middle) **B.** c. (Last) **O'Bard**  
4. DATE OF DEATH (Month) (Day) (Year) **June 8 1958**

5. SEX **Male** 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **Oct 12, 1871** 9. AGE (In years last birthday) **86**  
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) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) **Mississippi** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Eliza** 13b. MOTHER'S MAIDEN NAME **Minnie?** 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT'S SIGNATURE OR NAME **Adema Wilson** ADDRESS **2621 Lucas Ave**

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Bacteremia (Staph. Aureus)** ANTECEDENT CAUSES **3 days**  
DUE TO (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
DUE TO (c) **Osteomyelitis Rt. Tibia** **3 weeks**  
II. OTHER SIGNIFICANT CONDITIONS **Left Hemiplegia due to Rt. C.V.A. 5 mos.**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **730.2** 20. AUTOPSY?  YES  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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 8, 1958**, to **June 8, 1958**, that I last saw the deceased alive on **June 8, 1958**, and that death occurred at **12:35 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 23b. ADDRESS **5800 Arsenal** 23c. DATE SIGNED **6/9/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **June 14/58** 24c. NAME OF CEMETERY OR CREMATORY **Booker Washington Cem** 24d. LOCATION (City, town, or county) (State) **East St Louis Ill**

DATE REC'D BY LOCAL REG. **JUN 11 1958** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. F. A. Green** ADDRESS **4214 Delmar**

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. A. Green*.....

Licensed Embalmer No. *296*

P. O. Address *4214 Delmar*

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.