

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027079  
State File No.

FILED JUL 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6843**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>University City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>7617 Gannon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b>		b. (Middle) <b>C</b>		c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 8 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 21, 1886</b>		9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>17</b> IF UNDER 2 HRS. Hours <b>17</b> Min.	
10a. USUAL OCCUPATION (Give kind of work during working life, even if retired) <b>Draftsman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Defense Corp.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sylvia, Ks.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>Smith Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Gill</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>33-01-9299</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Virginia Jackson</b> ADDRESS <b>7617 Gannon, U. City</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of basilar artery</b>		ANTECEDENT CAUSES		DUE TO (b) <b>arteriosclerosis cerebral 1 yr</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>332x</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 **July 28, 1958**, to **July 30, 1958**, that I last saw the deceased alive on **July 28, 1958**, and that death occurred at **12:18 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wils Beunow MD</b>		23b. ADDRESS <b>110 S. Central Clayton</b>		23c. DATE SIGNED <b>9 July 58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>7/10/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	
24d. LOCATION (City, town, or county) <b>St. Louis Co Mo.</b>		24e. (State)			

DATE REC'D BY LOCAL REG. <b>JUL 9 58</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Louis H. Boyce</b> ADDRESS <b>Kirkwood Mo.</b>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's System 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.....  
Licensed Embalmer No. 4517

P. O. Address.....  
Richwood

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.