. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027082
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6635

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in 1b: 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: Normandy 4180 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8312 Knollwood — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LOUIS — Middle LABEL — Last JACKSON
4. DATE OF DEATH: Month July — Day 1, — Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 1,1904
9. AGE (In years last birthday): 53 — 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): Wholesale Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Fruit & Produce
11. BIRTHPLACE (City and state or country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: John Jackson
13b. MOTHER'S MAIDEN NAME: Ann Goldman
14. NAME OF HUSBAND OR WIFE: Helen D.Jackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 498-07-4925
17. INFORMANT: Helen D.Jackson, Address: 8312 Knollwood

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ADENOCARCINOMA OF RIGHT PLEURA AND LUNG, PRIMARY SITE UNKNOWN — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 165X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 28, 1958, to July 1, 1958 and last saw him alive on July 1, 1958
Death occurred at 11:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. B. Bradley (Degree or title): M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 7/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-4-58
23c. NAME OF CEMETERY OR CREMATORY: Mt.Sinai Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR: Mayer, ADDRESS: 4356 Lindell
25. DATE RECD. BY LOCAL REG.: JUL 2 '58
26. REGISTRAR'S SIGNATURE: Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence O. Gerling

Licensed Embalmer No. 4979

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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