

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007273

STATE FILE NUMBER 2 1937
Registration No. 1937

FILED MAR 10 1959

Registration District No. Primary Registration District No.

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| 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 | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | d. STREET ADDRESS (If outside, give location) 4710 Maffitt | |

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| 3. NAME OF DECEASED (Type or print) First Virginia Middle Jamison Last Jamison | | | 4. DATE OF DEATH Month 2 Day 19 Year 59 | | |
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|---------------------------|----------------------------------|---|--|---------------------------------|---|--|
| 5. SEX Female 3 | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Unknown - Abt. 65 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months 1 Days | IF UNDER 24 HRS Hours 1 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Macon, Miss. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Bill Malone | 13b. MOTHER'S MAIDEN NAME Mary Ellen Steele | 14. NAME OF HUSBAND OR WIFE None |
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| 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 Annie Stowers- 2305 Hickory |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of tail of pancreas with metastases to liver & omentum | | INTERVAL BETWEEN ONSET AND DEATH |
| CONDITIONS, if any, which gave rise to above cause (b), stating the date and last year of onset 157X | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

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| 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.) | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 20c. TIME OF INJURY Hour 8:20 Month, Day, Year 2-19-59 a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Berleley, Mo. | COUNTY Berleley, Mo. | STATE |
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| 21. I attended the deceased from 2-19-59 to 2-19-59 and last saw her alive on 2-19-59 Death occurred at 8:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Paul Larson, M.D. (Degree or title) | 22b. ADDRESS 2601 N. Whittier St. | 22c. DATE SIGNED 2-21-59 |
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| 23a. BURIAL, CREMATION, or other (Specify) | 23b. DATE 2-25-59 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | 23d. LOCATION (City, town, or county) (State) Berleley, Mo. |
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| 24. FUNERAL DIRECTOR A.L. Beal Und. Co. - 4303 Delmar | 25. DATE RECD. BY LOCAL REG. FEB 24 '59 | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service, 10, 57, 97, 0, 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 A. D. Richardson

Licensed Embalmer No. 2928
P. O. Address 2625 1/2 St

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.