

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015171

STATE FILE NUMBER

2699

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

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** Inside Limits Yes No

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Phillips Hosp.** Length of stay in 1b **Life**

d. STREET ADDRESS (If outside, give location) **4603 St. Ferdinand** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
LOUIS JACKSON **March 14, 1959**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **Apr. 5, 1908** 9. AGE (In years birthday) **50** 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 **Majestic Block Plant** 11. BIRTHPLACE (City and state or country) **Centaur, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Thomas Jackson** 13b. MOTHER'S MAIDEN NAME **Lucy Green** 14. NAME OF HUSBAND OR WIFE **Virginia Jackson**

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 Address **Virginia Jackson 4603 St. Ferdinand**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Internal Hemorrhage**
Ruptured Spleen
DUE TO (b) _____
DUE TO (c) **Multiple Fractures**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **suffered when struck by**
unknown party in front of about
1232 1/2 Page Ave. about 12:30 am
March 12, 1959.

INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. WHERE AND HOW INJURY OCCURRED (E.g., in or about home, farm, factory, street, office bldg., etc.) **unknown party in front of about**
1232 1/2 Page Ave. about 12:30 am
March 12, 1959.

20c. TIME OF INJURY Hour Month, Day, Year **3:12:59 March 12, 1959.**

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.) **112 1/2 Street** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **St. Louis Mo.**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **126A** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Patrick F. Taylor Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **3-17-59.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3/18/59** 23c. NAME OF CEMETERY OR CREMATORY **Musick Cemetery** 23d. LOCATION (City, town, or county) (State) **Musick Missouri**

24. FUNERAL DIRECTOR ADDRESS **Charles J. Gates 4107 Finney** 25. DATE RECD. BY LOCAL REG. **MAR 17 '59** 26. REGISTRAR'S SIGNATURE **Coal Smith, M.D.**
m. 8.13.

300
1-57
28
1/2
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Georgetown Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Ave

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.