

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019874

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1349

300
-57

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Wellston 42910</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Halls Ferry Memorial</u>		Length of stay in 1b <u>MONS.</u>	d. STREET ADDRESS (If outside, give location) <u>1545 Ferguson</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FLORENCE</u> Middle <u>JACKSON</u> Last <u>JACKSON</u>			4. DATE OF DEATH Month <u>5</u> Day <u>15</u> Year <u>1959</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-28-1881</u>
9a. AGE (In years last birthday) <u>77</u>		9b. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	9c. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>ST. Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Edw J. Dobyns</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mudge</u>		14. NAME OF HUSBAND OR WIFE <u>JESSE J.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Clifford Wood</u> Address <u>2106 Green Slope Dr.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anurea</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Cardiovascular</u>	<u>unknown</u>
	DUE TO (c) <u>Renal disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral hemorrhage & left hemiplegia old 442X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour <u>5 A</u> Month, Day, Year <u>Jan 4, 1959</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5 A</u>	20f. CITY, TOWN, OR LOCATION <u>May 15 1959</u>	COUNTY <u>St. Louis</u> STATE <u>Mo</u>
21. I attended the deceased from Death occurred at <u>Jan 4, 1959</u> to <u>May 15 1959</u> and last saw her alive on <u>5/12/59</u> <u>5 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Lewis Lillmann Jr</u> (Type or title)	22b. ADDRESS <u>8231 Clayton Rd (17)</u>	22c. DATE SIGNED <u>5/15/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5/18/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>
23d. LOCATION (City, town, or county) <u>ST. Louis</u>		(State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>A. Krow</u> ADDRESS <u>2707 9th St</u>	25. DATE RECD. BY LOCAL REG. <u>5-16-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, D. O.</u>

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 *Herbert J. Law Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Hickory 227*

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.