

FILED VS AUG 10 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027442
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3049

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo.</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Kirkwood</u> <u>4973</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) _____ c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 29 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 16, 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>44</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Moon Lake Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Bowman</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lottie Adams 205 Alaobrook St.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>congestive heart failure</u>	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>023 X</u>	
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 <u>5-21</u> , 19 <u>59</u> to <u>5-30</u> , 19 <u>59</u> that I last saw the deceased alive on <u>7-20</u> , 19 <u>59</u> and that death occurred at <u>7-29</u> m. <u>7:31 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gerald C. Pasmore MD</u>		23b. ADDRESS <u>601 So Brentwood</u>	23c. DATE SIGNED <u>7-30-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 2, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kise Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clayton Mississippi</u>
DATE REC'D BY LOCAL REG. <u>7-31-59</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Hemphill 408 S. Fillmore</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *F. A. Thein*

Licensed Embalmer No. *2963*

P. O. Address *4214 Detroit*

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.