

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028467

FILED VS. JUL 22 1960

318

Primary Registration District No. 1003

Registrar's No. 7023

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside, give County, City, and Township only) OR TOWN ST. LOUIS, MO ST. LOUIS CITY HOSP. #1				Length of stay in 1b		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1541 Sa 2nd ST.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HATTIE JACKSON				4. DATE OF DEATH Month Day Year JULY 10, 1960			
5. SEX FEMALE		6. COLOR OR RACE colored		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-15-84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 76 YRS		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) ARK				12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE GUS JACKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ---		17. INFORMANT ORGLE SPENCE 2710 CAROLINE		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420.0 O.K. of James Paul Deputy Coroner 7/16/60 Consider in any, which give rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10:25 P to 5:45 P, to 7/9/60 and last saw her him alive on 7/9/60		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) David L. Beato M.D.				22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 7/9/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7-15-60		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS, CTY., MO	
24. FUNERAL DIRECTOR ADDRESS A.F. WALTON 2707 S TODDARD				25. DATE RECD. BY LOCAL REG. JUL 13 1960		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jay

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.