

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028470

FILED VS AUG 8 1960

318 Primary Registration District No. 1003 Registrar's No. 7228

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. # 1.</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>2925 Bell</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>SELMA</i> Middle Last <i>JACKSON</i>				4. DATE OF DEATH Month <i>JULY</i> Day <i>16</i> Year <i>1960</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5-6-24</i>		9. AGE (last birthday) <i>36</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>ST. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>					
13a. FATHER'S NAME <i>Lawrence Williams</i>				13b. MOTHER'S MAIDEN NAME <i>Cora Bunn</i>				14. NAME OF HUSBAND OR WIFE <i>Fred Jackson</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO.		17. INFORMANT <i>Fred Jackson 2925 Bell</i> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BRAIN TUMOR</i>										INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <i>1930</i>													
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 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 Month, Day, Year a.m. p.m.													
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 <i>6-29-60</i> to <i>7-16-60</i> and last saw her/him alive on <i>7-16-60</i> Death occurred at <i>6:55 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Paul N Meiners M.D.</i> (Degree or title)						22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>			22c. DATE SIGNED <i>7-16-60</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>7-22-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>			23d. LOCATION (City, town, or county) (State) <i>ST. Louis, Co. Mo</i>						
24. FUNERAL DIRECTOR <i>Dunn 3847 Page</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>JUL 19 1960</i>		26. REGISTRAR'S SIGNATURE <i>Coan Smith, M.D.</i>							

DOCUMENT

MEDICAL CERTIFICATION

Caused by: Malignant BY AFFIDAVIT OF

2183

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 Arthur L. Hebble

Licensed Embalmer No. 4221
P. O. Address 3100 Caste

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.