

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036227

FILED VS OCT 6 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9473** STATE FILE NUMBER

ENDED

|   |  |  |   |   |   |   |  |  |  |   |  |                |  |
|---|--|--|---|---|---|---|--|--|--|---|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Missouri</b>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |   |  |  |  |   |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Louis</b>   |  | Length of stay in 1b<br><b>5 days</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>     |  |  |  |   |  |                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>St. Louis - Little Rock Hospitals, Inc.</b>  |  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>4113 Enright Ave.</b> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |   |  |                |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Richard Daniel Jackson</b>   |  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>September 23, 1960</b>   |   |   |  |  |  |   |  |                |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>Colored</b>   |   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>3-23-1883</b>  |  | 9. AGE (last birthday)<br><b>77</b>                    |  | IF UNDER 1 YEAR<br>Months Days Hours Min.         |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chef Cook</b>   |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Nashville, Tenn.</b>         |  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |   |  |                |  |
| 13a. FATHER'S NAME<br><b>Charles H. Jackson</b>   |  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Julia Mays</b>  |   |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Ethel W. Jackson</b> |  |   |  |                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)   |  |  |   | 16. SOCIAL SECURITY NO.<br><b>702-14-1334</b>   |   | 17. INFORMANT<br><b>Thelma Edwards</b>  |  | Address<br><b>919 N. Sarah</b>                         |  |   |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>   |  |  |   |   |   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b> |  |                |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) <b>Atherosclerotic Heart Disease</b>  |   |   |   |   |  |  |  | years   |  |                |  |
|   |  | DUE TO (c) <b>2 Nephrosclerosis</b>  |   |   |   |   |  |  |  | <b>420.0H</b>                                     |  |                |  |
|   |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Carcinoma of Larynx - Laryngectomy</b> |   |   |   |   |  |  |  |   |  |                |  |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |  |   |   |   |   |  |  |  |   |  |                |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>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 <b>Sept. 19, 1960</b> to <b>Sept. 23, 1960</b> and last saw <sup>DECEASED</sup> him alive on <b>Sept. 23, 1960</b><br>Death occurred at: <b>3:55 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |   |   |   |   |  |  |  |   |  |                |  |
| 22a. SIGNATURE (Degree or title)<br><b>Masao Ohmori M.D.</b>  |  |  |   | 22b. ADDRESS<br><b>1755 So. Grand</b>   |   |   |  | 22c. DATE SIGNED<br><b>9/24/60</b>                     |  |   |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>9/28/60</b>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |  |  |  |   |  |                |  |
| 24. FUNERAL DIRECTOR<br><b>Gates Funeral Home, 4100 Finney</b>  |  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 27 1960</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Neal Smith M.D.</b>                           |  |  |  |   |  |                |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Lawrence J. Woods

Licensed Embalmer No. 4341

P. O. Address 4107

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.