

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015283

STATE FILE NUMBER

318

Primary Registration District No. 1003

Registrar's No.

3557

AMENDED

Registration District No.

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Chronic Hosp.**

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
5004 Delmar

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)
First **John** Middle **W** Last **Jackson**

4. DATE OF DEATH
Month **4** Day **12** Year **61**

5. SEX
Male

6. COLOR OR RACE
White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
8-28-01

9. AGE (last birthday)
59

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TAXI DRIVER

10b. KIND OF BUSINESS OR INDUSTRY
YELLOW CAB C.

11. BIRTHPLACE (City and state or country)
Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Wm. S. Jackson

13b. MOTHER'S MAIDEN NAME
LETITIA A. SCHNEIDER

14. NAME OF HUSBAND OR WIFE
Madeline Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Mrs. Joyce Kneover - 4978 Loughboro

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma of the lung, right**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)
DUE TO (c) **163X**

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.
 Yes N Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 **4-3-61** to **4-12-61** and last saw her/him alive on **4-12-61**
Death occurred at **8:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
George E. Smith M.D.

22b. ADDRESS
5600 Arsenal St. Louis, Mo.

22c. DATE SIGNED
4-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
Apr. 15, 1961

23c. NAME OF CEMETERY OR CREMATORY
CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS
DREHMANN-HARRAL 1905 UNION

25. DATE RECD. BY LOCAL REG.
APR 14 1961

26. REGISTRAR'S SIGNATURE
Geod Smith, M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Warren A. Cowen

Licensed Embalmer No. 3534

P. O. Address _____

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.