

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012821

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3254

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 6 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>3 WKS.</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4768 Highland</u>
3. NAME OF DECEASED (Type or print) First <u>Moses</u> Middle Last <u>Jackson</u>		4. DATE OF DEATH Month <u>3</u> Day <u>25</u> Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-10-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>76</u>
13a. FATHER'S NAME <u>ADAMS JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	IF UNDER 1 YEAR Months Days Hours Min.
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.	11. BIRTHPLACE (City and state or country) <u>BALLWOOD CO. MISS.</u>
17. INFORMANT <u>CARRIE JACKSON 4768 HIGHLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
14. NAME OF HUSBAND OR WIFE <u>CARRIE JACKSON</u>			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) <u>Cerebral Vascular Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			<u>Undet.</u>
DUE TO (c) <u>4200</u>			
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 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 <u>10:18</u> a.m. p.m.	Month, Day, Year <u>3-3-62</u>		
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 <u>3-25-62</u>	COUNTY STATE
21. I attended the deceased from <u>10:18</u> to <u>3-25-62</u> and last saw <u>OK</u> him alive on <u>3-25-62</u>		Death occurred at <u>a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Admry G. Fraser, M.D.</u>		22b. ADDRESS <u>2601 N. Whittier Street</u>	22c. DATE SIGNED <u>3-26-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>3-31-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO.</u>
24. FUNERAL DIRECTOR <u>ANDERSON FUNERAL HOME</u>		ADDRESS <u>FINNEY</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 27 1962</u>
			26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

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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 *John K Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *2405 Marcus*

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.