

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045311-

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3262

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 16 1962

VS 300  
Rev. 4/59

1 4022

2 4022

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST LOUIS</u>   |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KINBOCH.</u>   |                                 | c. CITY OR TOWN <u>KINBOCH</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>8221 FIFTH ST</u>  |                                 | d. STREET ADDRESS (If outside, give location)<br><u>8221 FIFTH ST.</u>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Solomon</u> Middle <u>JACKSON</u> Last <u>JACKSON</u>  |                                 | 4. DATE OF DEATH<br>Month <u>11</u> - Day <u>6</u> - Year <u>1962</u>   |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>COLORED</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-28-1881</u>                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Public Man Porter</u>  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Rail Road</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Lake Providence La</u> |
| 13a. FATHER'S NAME<br><u>James Jackson</u>   |                                 | 14. NAME OF HUSBAND OR WIFE<br><u>MARY L. JACKSON</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><u>NO</u>  |                                 | 17. INFORMANT<br><u>Mary L. Jackson 8221 Fifth St</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Gall Bladder</u>   |                                 | INTERVAL BETWEEN ONSET AND DEATH  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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 . . . . . Month, Day, Year<br>a.m. . . . . p.m.  |                                 | 20f. CITY, TOWN, OR LOCATION<br>COUNTY . . . . . STATE  |   |
| 21. I attended the deceased from <u>Aug 1962</u> to <u>Nov 1962</u> and last saw him alive on <u>Nov 6, 1962</u><br>Death occurred at <u>5:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                 | 22c. DATE SIGNED<br><u>11-7-62</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVED</u>  |                                 | 23d. LOCATION (City, town, or county) (State)<br><u>WASHINGTON PARK BERRY 22 MO</u>   |   |
| 24. FUNERAL DIRECTOR<br><u>PRICE UND CO. 2829 Washington</u>   |                                 | 25. DATE RECD. BY LOCAL REG.<br><u>11-8-62</u>  |   |
| 26. REGISTRAR'S SIGNATURE<br><u>John C. Mumphy</u>   |                                 |   |   |

USE BLACK INK OR TYPEWRITER RIBBON

DEC 17 1962

RECEIVED

**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

*Edward J. F. Lynn*

Licensed Embalmer No. 4444

P. O. Address St. Louis

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.