WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2646

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1005

City St. Louis, Mo.-St. Louis Childrens Hosp-500 So. Kingshighway St. ..... Ward)

File No. ..... Registered No. 339

2. FULL NAME Donald Jackson

(a) Residence. No. 961 Switzer-Badens Mo 12 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Granite City, Ill. 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Willard Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Staunton, Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Irene Endicott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Granite City, Ill.
(STATE OR COUNTRY)

14. INFORMANT C. Yost
(Address) 500 So. Kingshighway

15. FILED JAN 11 1932 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1931, to Jan 10, 1932 that I last saw him alive on Jan 10, 1932, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia, Bacillus Pasturella
Pericardial Effusion
157C
90S
7X
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Congenital Heart Disease
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? In home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Lawrence Goldman, M. D.
1/11, 1932 (Address) St. L. Childrens Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Granite City Ill.	1-12 1932

20. UNDERTAKER	ADDRESS
J. E. Mercer	Granite City Ill

Pasteurella