

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

Do not use this space.

10285

1. PLACE OF DEATH

County..... Registration District No. 4781
Township..... Primary Registration District No. 5003
City St. Louis Mo (No. City Hospital #2)

File No.....
Registered No. 2285
St. Ward)

2. FULL NAME

Edward Jackson
(a) Residence, No. 319 1/2 So Compton St. 18 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1889
7. AGE YEARS 43 MONTHS 1 DAYS 8 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook #21
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mad 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3 10

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A. H. Hildebreath #4 (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Cem DATE 3/10/32

19. UNDERTAKER Peoples Trust Co (ADDRESS) 31007

20. FILED 19 May 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7, 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1932, to 3-7, 1932
I last saw him alive on 3-7, 1932. Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:

37
Cerebral Hemorrhage
Other contributory causes of importance:
⓪ J. W.

Name of operating physician J. W. Date of operation
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) City Hospital #2, M. D.
(Address) City Hospital #2

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.

MARGIN RESERVED FOR BINDING

V. NO. 2

