

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township MO Primary Registration District No. 1003
 City St. Mary's Infirmary (No. St. Mary's Infirmary) St. _____ Ward _____

File No. 22188
 Registered No. 5963

2. FULL NAME

Justa Jackson
 (a) Residence, No. 2033a St. Louis St. 21 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FF. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Minor
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1933
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
9 months 5
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) City St. Louis, Mo

13. NAME Charles Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lula Miss

15. MAIDEN NAME Justa Foote

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lula Miss

17. INFORMANT Alford Jackson
2033a 1520 9th St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington DATE 6/18 1934

19. UNDERTAKER (ADDRESS) J. J. [unclear] 2738 [unclear]

20. FILED 19 6/18 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1934
 22. I HEREBY CERTIFY, That I attended deceased from June 12 1934, to June 13 1934
 I last saw her alive on June 13 1934. Death is said to have occurred on the date stated above, at 6:35 AM.
 The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Acute Pharyngitis
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

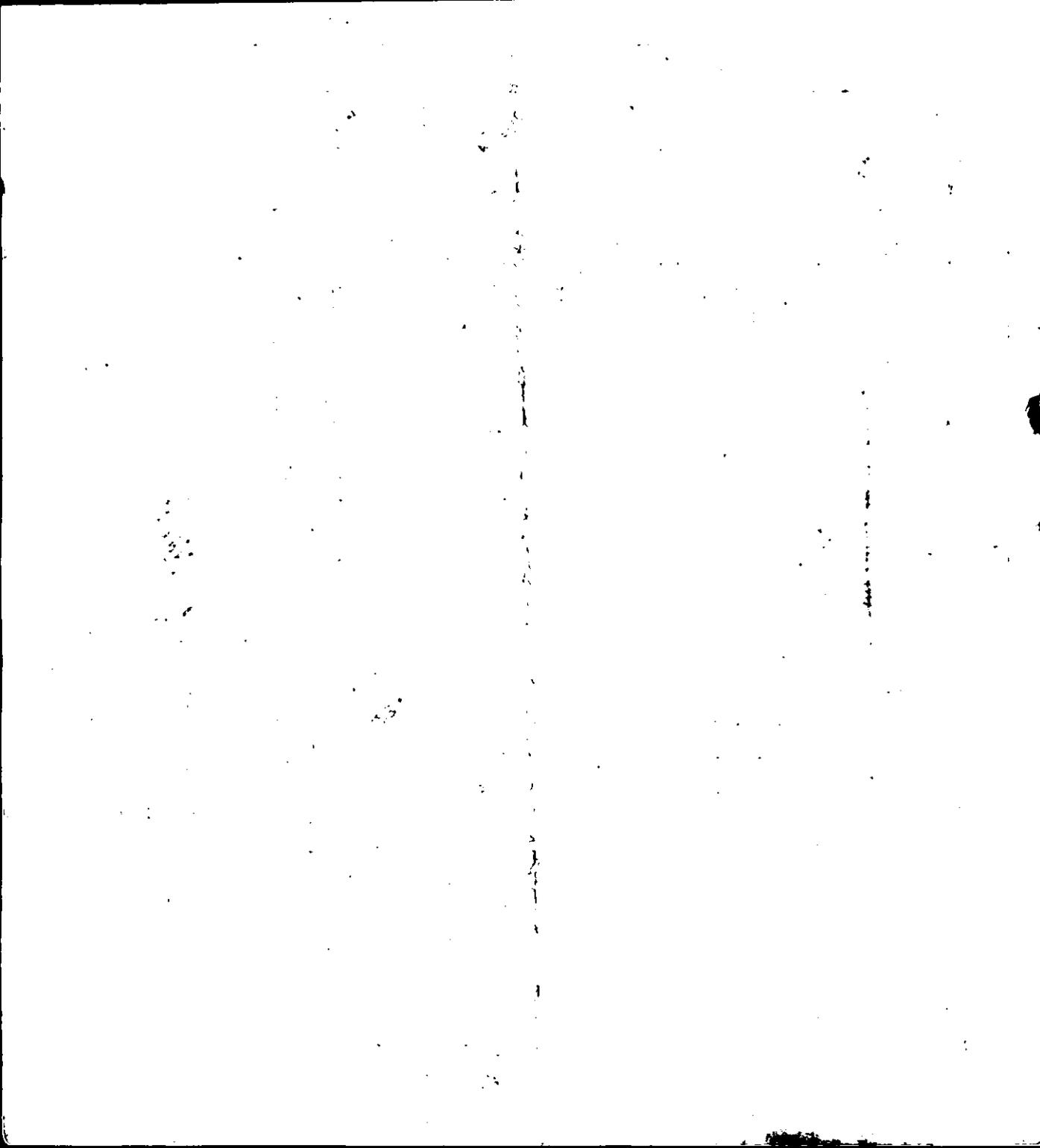
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

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

(Signed) R. W. White M. D.
 (Address) St. Mary's Infirmary

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.



St. Louis City

5963

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Swilla (?) Jackson*
Who died at *St. Mary's Infirmary* on *June 13 - 1934*
Residence: No. *2033 a Wash* St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____

Sex *F* Color or race *B* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *0* Months *9* Days *5*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
acute Bronchitis (also terminal broncho pneumonia)

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *acute Pharyngitis (Congestive)*
Patient entered hospital in moribund condition. Died within 12 hrs. full history was not obtainable. (No autopsy permitted)

Other contributory causes of importance: *Unknown whether pharyngitis*
W.D. malignant membrane

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician *R W White*

Address of physician *St. Mary's Infirmary*

Signature of Registrar *J F Bredek* Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McLaugh
State Registrar

Special Agent.

Reg. Dist. No.

Primary Reg. Dist. No.

John Edgar Hoover

Director, Federal Bureau of Investigation
Washington, D. C.

Department of Justice

Division of Investigation

Office of the Chief Clerk

Room 5000

Washington, D. C.

February 10, 1955

Dear Mr. Hoover:

I have the honor to acknowledge the receipt of your letter of February 8, 1955, regarding the matter mentioned therein.

The Bureau is currently reviewing the information furnished to it and will advise you of the results of its investigation as soon as possible.

Very truly yours,

J. Edgar Hoover

Director

Enclosure

Very truly yours,

John Edgar Hoover

Director

Enclosure

Very truly yours,

J. Edgar Hoover

Director

Enclosure

Very truly yours,

J. Edgar Hoover

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Enclosure

Very truly yours,

J. Edgar Hoover

Director

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Department of Justice
Federal Bureau of Investigation

Washington, D. C.

February 10, 1955

John Edgar Hoover
Director

Washington, D. C.

Enclosure