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.

FEB 8 1937

Registration District No. 791
Primary Registration District No. 1003
File No. 3518
Registered No. 551

96
39
9

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. City Hospital No. 2 St. Ward)

2. FULL NAME Arthur Jackson
(a) Residence, No. 4137 West Belle St., 11 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1908

7. AGE: Years 28 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 236
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
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) Tenn. 2

FATHER
13. NAME Robert Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER
15. MAIDEN NAME Elmira Roy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL Bellefontaine 1/23/37
PLACE DATE 1937

19. UNDERTAKER H. Richter & Green
(ADDRESS) 2715 Gravois Ave. St. Louis

20. FILED JAN 13 1937, 19 J. F. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9-, 1937, to 1-11-, 1937
I last saw him alive on 1-11-, 1937. Death is said to have occurred on the date stated above, at 3:45 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1-9-37

Other contributory causes of importance: ------

Name of operation Date of
What test confirmed diagnosis? Clinical 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) A. L. Lemon, M. D.
(Address) 2945 Lawton Ave.