

JUN 12 1937

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

Do not use this space.

18762

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis, Missouri** (No. **1536 Papin-St. Mary's Infirmary**)

File No.....

Registered No. **5338**

St. Ward.....

2. FULL NAME **Robert Jackson**

(a) Residence, No. **2627 Higvita** St. **22** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25th**, 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **April 2nd**, 19**37**, to **May 25th**, 19**37**.
I last saw him alive on **May 25th**, 19**37**. Death is said to have occurred on the date stated above, at **12:05 P. M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 15, 1860**

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
99	76	8	10	

Date of onset

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.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Hypertensive Heart Disease & Decompensation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

Other contributory causes of importance:

13. NAME **Bunn Jackson**

Chr. Nephritis 12/1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

Name of operation..... Date of.....

15. MAIDEN NAME **Kate Vinegar**

What test confirmed diagnosis?..... Was there an autopsy? **No**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

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.

17. INFORMANT (ADDRESS) **St. Mary's Infirmary**

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **5-27-37**

Nature of injury.....

19. UNDERTAKER (ADDRESS) **W. Richter 2522 Butler St**

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

20. FILED **MAY 28 1937** **J. Predeck** Registrar.

(Signed) **M.W. Foster**, 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.

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