

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

39694
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital** No. **0.1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
C. 12015

2. PRINT FULL NAME **Helen Jackson**
 (a) Residence, No. **1216 South 18th St.** **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 18, 1912**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 2 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **student**
 9. Industry or business in which work was done, as 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) **Indiana**

FATHER
 13. NAME **Elmer Jackson**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER
 15. MAIDEN NAME **Barbara Whitten**

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

17. INFORMANT (ADDRESS) **NHosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walkerton, Indiana** DATE **4/20 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Chas. A. Full**
445 2 Washington Pl
St. Louis

20. FILED **NOV 18 1937** 19 **St. Louis** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/17/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **11/15/37** 19, to **11/17/37** 19.
 I last saw her **her** on **11/17/37** 19. Death is said to have occurred on the date stated above, at **10.15 a.m.**

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

**Rheumatic Heart Disease
Pneumonia Bronchial
measles**

Date of onset
 Other contributory causes of importance: **7**

Name of operation Date of
 What test confirmed diagnosis? 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) **John F. Flynn** M. D.
 (Address) **City Hospital**

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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STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision. "

Signed John Fetter
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)