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.

REC'D MAY 10 1938

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

12623
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3227
(c) City ST-LOUIS-MO (d) Street No. 2708 Walnut St.
(If death occurred in Hospital or institution, write its name instead of street and number)
en route City Hospital No. 2.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LILLIE Chambers Jackson 250
(a) Residence, No. 2708 Walnut St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt. 1884
7. AGE: About 53 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
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): La.

FATHER
13. NAME: John Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER
15. MAIDEN NAME: Narcissa Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La

17. INFORMANT (ADDRESS): John Chambers 2708 Walnut St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Father Dickson DATE: April 5, 1938
19. FUNERAL DIRECTOR (ADDRESS): A. L. Beal Und Co 2726 Lucas ave.
20. FILED: APR 5 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attention Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/28/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Aortitis; (Cause unknown)
Oedema of the Brain;
Chronic Gastritis.

Date of onset

Other contributory causes of importance: 99

Name of operation ..... Date of yes
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred J Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John E Pope, Licensed Embalmer No. 1463

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. John E Pope

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E Pope

Licensed Embalmer No. 1463

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