REC'D MAY 10 1938

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

13320
Do not use this space.

1. PLACE OF DEATH 3218 Magazine Street
(a) County
Registration District No. 791
(b) Township
Primary Registration District No. 1003
Registered No. 3924
(c) City St. Louis (d) Street No. 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Jackson 2 5-0
(a) Residence, No. 3218 Magazine Street St. 11
(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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1887

7. AGE: Years 50 | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Brooksville Miss

FATHER
13. NAME Morton Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooksville Miss

MOTHER
15. MAIDEN NAME Maria Mickens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooksville Miss

17. INFORMANT Monett Jackson
(ADDRESS) 3218 Magazine Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE April 28 1938

19. FUNERAL DIRECTOR (NAME) Jas. H. Randle & Son
(ADDRESS) 3133 Bell Ave

20. FILED APR 27 1938 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1938, to 4-24, 1938
I last saw him alive on 4-25, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	2-5-38

Other contributory causes of importance:

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? No
If so, specify
(Signed) Robert M. Cook M. D.
(Address) 3839 A Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ——, or by ——, Registered Apprentice No. ——, working under my personal supervision.

Signed S. J. watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.)

If this body is not embalmed, above space should be left blank.