DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 15 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23279

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1064

1. PLACE OF DEATH:

(a) County St Louis.

(b) City or town SAPPINGTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SAPPINGTON Mo V (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 32 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Sappington (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ~~BERNIECE~~ BEATRICE B. JACKMAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Philip A Jackman

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August (Month) 11 (Day) 1906 (Year)

8. AGE: Years 32 Months 10 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Otto Kornischke
13. Birthplace Berlin Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Heinz
15. Birthplace Berlin Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phillip A Jackman

(b) Address Sappington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/39 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset B. Park

18. (a) Signature of funeral director Henry L Weidenmaller

(b) Address 6203 Gravois Ave

19. (a) JUN 15 1939 (Date received local registrar) (b) R R Meyer M D D P H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1939 hour 11 minute 15 A M.

21. I hereby certify that I attended the deceased from June 1, 1939, to June 12, 1939; that I last saw he alive on June 12, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tbc	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

23

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: —

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Berg (M. D. or other)

Address 2253 Nebraska Av. Date signed 6/14/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No.....2971.....

P. O. Address.....

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.