JUN 10 1939

1939

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

23296
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784

(b) Township ~~Normandy~~, Primary Registration District No. 200 Registered No. 1044

(c) or City Vinita Park. (d) Street No. Home. 2712 Wheaton Avenue. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Amanda Jackson

(a) Residence, No. 2712 Wheaton Avenue. St.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Lee Jackson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13, 1886

7. AGE: YEARS 52 | MONTHS 6 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Albin Williams.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER
15. MAIDEN NAME: Mary Coe.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

17. INFORMANT (ADDRESS): Lee Jackson, 2712 Wheaton Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory. DATE June 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jos. W. Clark. 1125 Hodiamont Avenue.

20. FILED JUN 10 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/15/35, 19..., to June 8, 1939

I last saw her alive on June 8, 1939. Death is said to have occurred on the date stated above, at 9.00 P.m.

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

	Date of onset
Carcinoma of uterus and adnexa, began 1935.	
Treated with radium at Barnard Skin and Cancer Hospital	8/15/35
Was later given deep x-ray therapy treatments. (continued.)	
Other contributory causes of importance:	
Metastasis of both lungs.	Mar. 1938

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Name of operation: None Date of: --

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

Clinical and Lab.

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) [signature] M. D.

(Address) 3718 Jennings Road.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

I X16605

at St. Mary's Hospital and also at Desloge Hospital.

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 Jas. M. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamon

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.