

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

**36402**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Missouri Registration District No. 117  
 (b) Township Jordan Primary Registration District No. 3021  
 or St. Louis City  
 (c) City St. Louis (d) Street No. 818 W. ELEVENTH 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.

**2. PRINT FULL NAME**

(a) Residence, No. 250 Earnest P. Jackson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Martha Jackson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1897  
 7. AGE YEARS 42 MONTHS ✓ DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employer Atlas  
 9. Industry or business in which work was done, as saw mill, bank, etc. Painter  
 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) Missouri

FATHER 13. NAME William Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Susan Siggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Walter M. Marley Jackson  
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Memorial DATE Oct 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter M. Marley Jackson  
St. Louis, Mo.

20. FILED OCT. 11. 39, 19 P. L. Gutierrez  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 9, 1939 19 39  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 9 to Oct 9, 19 39. Death is said to have occurred on the date stated above, at 6:30 a.m. 10/9/39.  
 I last saw him alive on Oct 9, 19 39.  
 The principal cause of death and related causes of importance were as follows:

Heart Attack

Date of onset

Other contributory causes of importance: 95%

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 39  
 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 no  
 (Signed) D. H. Winchester M. D.  
377 (Address) St. Louis, Mo.

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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NOV 24 1939

RECEIVED

District Health Officer No. 6,

District File Number 1139-2233

Date Filed NOV 8 1939

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.....

E. M. Hedge

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

E. M. Hedge

Licensed Embalmer No. ....

2859

P. O. Address.....

Wabbe City

**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.