

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40868

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2028

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 18 years
(years, months or days)

3. (a) PRINT FULL NAME Sonora Adeline Jackson ²⁵⁷⁰
8. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Calvin Jackson 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Oct. 18, 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Mahaska Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Hartman

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Boles

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Elizabeth Davis

(b) Address 466 W. Lockwood Bl.

17. (a) Cremation (b) Date thereof 11-21-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director WITTEBERG FUNERAL HOME
(b) Address WEBSTER GROVES, MO.

19. (a) NOV 20 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 466 W. Lockwood Bl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1939 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure - senility. Duration Yes

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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?

E, I while at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 13 N. Gore Ave. Date signed 11/21/39

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.....

J. G. Sullivan

Licensed Embalmer No..... *1122*

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.