

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41169**
Registrar's No. **10292**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2702 Stoddard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
About 18 yrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1
(c) City or town ST LOUIS 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2702 STODDARD ST
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Will Jackson 250
(b) If veteran, name war No. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 25, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>6</u>	<u>1</u>	hr. _____ min.

9. Birthplace Watertown, Caroline
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
City

11. Industry or business _____

MOTHER FATHER { 12. Name ? Jackson 1

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

14. Maiden name Emma

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

16. (a) Informant's own signature Elizabeth White

(b) Address 2702 Stoddard St

17. (a) Burial (b) Date thereof Dec 21 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Went & Son

(b) Address 2631 Wash St.

19. (a) DEC 1 1939 (b) _____
(Date received local registrar) (City or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1939 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 23
1939, to Nov. 27, 1939;

that I last saw him alive on 11-27, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute Myo. Carditis
caused by chr. myocarditis

Other conditions _____
(Include pregnancy within 3 months of death) 930

Major findings: _____
Of operations _____

Of autopsy _____

Duration,

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. P. Nathan MD or other _____

Address 1001 W. Jefferson Date signed _____

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, L. B. Baykin, Registered Apprentice No. 1154 working under my personal supervision.

Signed

Lommie Baykin

Licensed Embalmer No. 29

P. O. Address St. Louis Mo

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.