

FILED FEB 17 1940

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

72

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.
 (b) Township Primary Registration District No. Registered No. 72
 or
 (c) City St. Louis (d) Street No. 4231 Labadie 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rhodie Jackson 280

(a) Residence, No. 4231w Labadie ave. St. 10
 (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 Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jackson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1866		
7. AGE YEARS 73	MONTHS 4	DAYS 18
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) 4-9-39	
11. Total time (years) spent in this occupation. 50		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Harriet Brantley	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss	
17. INFORMANT Dora Pedden (ADDRESS) 4231w Labadie		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 1-4-1939		
19. FUNERAL DIRECTOR (NAME) Harman J. Smith (ADDRESS) 4247w Labadie		
20. FILED JAN 4 1940 Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939, to Dec 30 1939
 I last saw her alive on Dec 30 1939. Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
 Cerebral Hemorrhage
 Arteriosclerosis
 Date of onset

Other contributory causes of importance:
 Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) C. C. Emerson, M. D.
 (Address) 3870 Easton

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 Henry A Goodwin

Licensed Embalmer No. 3050

P. O. Address 4237th Habada

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.