

19624

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 960Registration District No. 84Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 8/19/38.
 (Specify whether
 In this community unknown.
 years, months or days)

3. (a) PRINT FULL NAME Thomas H. Jackson 2503. (b) If veteran, name war Spanish-American 3. (c) Social Security No. none.4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years7. Birth date of deceased February 27, 1864
(Month) (Day) (Year)8. AGE: Years 76 Months 2 Days 20 If less than one day
hr. _____ min. _____9. Birthplace ? Texas. /
(City, town, or county) (State or foreign country)10. Usual occupation Hatter /11. Industry or business - /12. Name Thomas Jackson /13. Birthplace Virginia. /
(City, town, or county) (State or foreign country)14. Maiden name Mary Gray /
(City, town, or county) (State or foreign country)15. Birthplace Unknown. /
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. Schelling(b) Address Clinical Clerk, VAF, Jeff Bks., Mo.17. (a) Burial (b) Date thereof 5/20/1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.18. (a) Signature of funeral director Ernie Lundtke(b) MAY 11, 1940 Washington Bldg19. (a) MAY 11, 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3649 Cottage Ave., Apt. #3.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17,
year 1940 hour 1:15 minute A. M.21. I hereby certify that I attended the deceased from
August 19, 1938 to May 17, 1940
that I last saw him alive on May 17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death _____
Arteriosclerosis, generalized,
severe, with severe peripheral
Due to involvement and gangrene of the
toes. Unkn.Due to -
Other conditions None. 97
(Include pregnancy within 3 months of death)Major findings: _____
Of operations -
Of autopsy No 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? 707 (Specify type of place) _____
 Means of injury _____

23. Signature T. A. WAYLAND, M.D. (M. D. or other) _____
Address Acting Chief Medical Officer,
Vet. Adm. Bldg., Jeff. Bks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 32801

P. O. Address 4468 Wastway

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.