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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 27431

Registrar's No. 7327

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Enroute to Homer G. Phillips
(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 a Cass
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Jackson 250
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Manul Jackson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt. 73 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
10. Usual occupation Nil.
11. Industry or business
FATHER
12. Name George Hunter
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Rosie Johnes
(b) Address 2620 a Cass
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director E. L. Garner
(b) Address 2829 Washington Ave.
19. (a) AUG 31 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1940 hour 9 minute 30 a. M.
21. I hereby certify that I attended the deceased from June 16, 1939 to Aug. 25, 1940 that I last saw her alive on Aug 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia
Due to Cervical carcinoma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature M. A. Mueller (M. D. or other) M.D.
Address 2335 Franklin Date signed 8-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blackmon

Licensed Embalmer No. 3962

P. O. Address 2829 Washington Av

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.