

Registration District No. **799CT 25 1940** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo 5 das**
(Specify whether
In this community **Life**
years, months or days)

8. (a) PRINT FULL NAME **Dorothy Sullivan Jackson**

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 **MARRIED**
6. (b) Name of husband or wife **Eddie Jackson** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **Feb. 27 1905**
(Month) (Day) (Year)

8. AGE: Years **35** Months **6** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **George Sullivan**
13. Birthplace **Memphis Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Malane**
15. Birthplace **Canton Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Ellison**
(b) Address **2825 1/2 Gamble St.**

17. (a) **BURIAL** (b) Date thereof **9-25-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**
18. (a) Signature of funeral director **Peoples Burial League**
(b) Address **3100 Franklin Ave.**

19. **SEP 24 1940** (b) **J. B. Budick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis** **2-1**
(If outside city or town limits, write "RURAL")
(d) Street No. **2825 Gamble**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 21** day _____
year **1940** hour **10:40** minute _____ A. M.

21. I hereby certify that I attended the deceased from **August 17**, 1940, to **Sept 21**, 1940;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Glomerular Nephritis **6 yrs**
Cardiac Decompensation **2 yrs**

Due to _____
Due to _____

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

Major findings: _____
(b) Of operations _____
Of autopsy _____

Duration
6 yrs
2 yrs
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 **J. W. Johnson** (M. D. or other)
Address **2601 N Whittier** Date signed _____

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

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 Good
Licensed Embalmer No. 3050
P. O. Address 4237 W Habao

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.