

6-7
13-40

Registration District No. 784

Primary Registration District No. 101

State File No. _____

Registrar's No. 1860

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9731-Lackland Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Claude A. Jackson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1940 hour 1 minute 20 a.m.

3. (b) If veteran, name war none

3. (c) Social Security No. 494-05-6550

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Martha Jane

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 1905
(Month) (Day) (Year)

Immediate cause of death: Automobile truck collision while driving on a road on a public highway

Due to _____

Due to _____

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

8. AGE: Years 35 Months 4 Days 23 hr. _____ min. _____

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

Of autopsy: _____

9. Birthplace Johnstown Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 1, 1940

(c) Where did injury occur? Spavin Creek
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes Public Place

While at work? _____
(Specify type of place)

Means of injury Auto Collision

23. Signature J. O. Conell (M. D. or other) _____
Address Overland, Mo. Date signed Oct 1, 1940

10. Usual occupation Construction Foreman

11. Industry or business S.W. Bell Telephone Co.

MOTHER FATHER

12. Name Samuel A. Jackson

13. Birthplace Johnstown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Iddie Alexander

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

16. (a) Informant Martha Jackson

(b) Address 9431-Lackland Overland, Mo.

17. (a) Removal - Burial (b) Date thereof 10-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director Blumkamp Bros. Inc.

(b) Address 2504 Woodson Overland, Mo.

19. (a) Oct 2, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1946

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.....

Oscar F. Mueller

Licensed Embalmer No.....

3039

P. O. Address.....

Overland 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, fact should be so stated above.