DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33624

NOV 16 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8321

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

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:
Enroute to City Hospital
(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 Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5325 Theodosia Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy Heman Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oscar Jackson

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

7. Birth date of deceased July (Month) 6 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	29	hr. min.

9. Birthplace (City, town, or county) England (State or foreign country) 4

10. Usual occupation Housewife 4

11. Industry or business 4

FATHER
12. Name George Goodenough
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Jennie Clark
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. C. S. Bowman
(b) Address 4555 Shendoah Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. OCT 7 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1940 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Dec 21 1939, to Oct 5 1940; that I last saw h[illegible] alive on Oct 5th 1940 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Diffuse Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature (M. D. or other)
Address Date signed 10-7-40

(Licensed Embalmer's Statement on Reverse Side)

4607

9-10 A.M. 7 30-8 30 PM

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 Warren A. Carr

Licensed Embalmer No. 3534

P. O. Address..............................

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.