2
-40
39
23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 34251

Registration District No. 791

Primary Registration District No.

Registrar's No. 8948

NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs. 19 mins. (Specify whether years, months or days)
In this community 6 hrs. 19 mins.

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. 7114 Vermont Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Jackson #2

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Newborn

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

7. Birth date of deceased September 25, 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 19 min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Charles Jackson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dorothy Misplay
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 31 40 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. T. White
(b) Address City Hospital No. 1

19. (a) OCT 30 1940 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25, year 1940 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from September 25, 1940, to September 25, 1940; that I last saw her alive on September 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Prematurity

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

23. Signature W. D. Hawker (M. D. or other)
Address 1515 Lafayette Ave. Date signed 9/26/40

(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.....

Licensed Embalmer No.....

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.