

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs.
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Pearl Jackson

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 4th 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 13 If less than one day hr. --- min. ---

9. Birthplace Carrolton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Green Jackson

13. Birthplace Jackson Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Robinson

15. Birthplace Unk. Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lula Johnson

(b) Address 515 E. Madison St. Freeport

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Has Halls

(b) Address 4107 Finney Avenue

19. (a) Dec 18 1940 (b) J. H. Bredeck
(By registered local registrar) (Registrar's signature)

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. 2619a Walnut St.
(If rural, give location) 22
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1940 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

Immediate cause of death: Chronic Myocarditis.

Due to _____

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.

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

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

(b) Date of occurrence 12-19-40

(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 Thomas J. Callan (M. D. or other)

Address Deputy Coroner Date signed 12/19/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD IN VAIN 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.....

A. J. Smith
working under my personal supervision.

Registered Apprentice No. *265*

Signed.....

James A. Russell

Licensed Embalmer No. *3522*

P. O. Address *4107 Finney Ave.*

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.