

B. 2
4-41
7-39
X26390

Registration District No. **791**

Primary Registration District No.

Registrar's No. **5167**

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:
5133 Thomas St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **23 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Benjamin Jackson**
3. (b) If veteran, name war **Wil**
3. (c) Social Security No. **499-01-1250**

4. Sex **Male** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sallie Jackson**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **July 4, 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **11** Days **13**
If less than one day hr. min.

9. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name **Booker Jackson**
13. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane (Unk)**
15. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sallie Jackson**
(b) Address **5133 Thomas St.**

17. (a) **Greenwood** (b) Date thereof **6/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **W. H. Brown**
(b) Address **3517 Saddle Ave**

19. (a) **JUN 24 1941** (b) **J. W. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**
(c) City or town **St. Louis** **1121**
(If outside city or town limits, write "RURAL")
(d) Street No. **5133 Thomas St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1941** hour **8** minute **55** P. M.

21. I hereby certify that I attended the deceased from **JUNE-19 1941** to **JUNE 19-41**
that I last saw **im** alive on **June-19-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL EMBOLI** Duration **5 hrs**

Due to **PULMONARY CONGESTION** **5 Days**

Due to **Non Tuberculous pneumonia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **8366** Of autopsy **47**
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.....

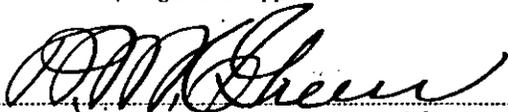
23. Signature **J. W. Brudeck** (8-12-41) Date signed **1**
Address **1418 Franklin**

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.....


Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Rd

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.