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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1941
SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26656
Registrar's No. 6448

Registration District No. 791
Primary Registration District No. 1003

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 12 Days
40 Yrs 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joe Jackson
3. (b) If veteran, name war nil
3. (c) Social Security No. _____

4. Sex Male 5. Color or race col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Zena Jackson
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 17 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 4 14 hr. min.

9. Birthplace Independence MO
(City, town, or county) (State or foreign country)
10. Usual occupation Labor

11. Industry or business
12. Name Abe Jackson
13. Birthplace V.K. V.K. 9
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Woods
15. Birthplace Baton Rouge La. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Jackson
(b) Address 2228 Belmar Blvd
17. (a) Burial (b) Date thereof 8-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2920 Stoddard St
19. (a) AUG - 7 1941 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 219
(If outside city or town limits, write "RURAL")
(d) Street No. 802 N. Jefferson
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1941 hour 8 minute 25 P.M.
21. I hereby certify that I attended the deceased from May 20,
19 41 to August 1, 19 41;
that I last saw him alive on August 1, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Prob. 2 yrs
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. W. Johnson (M. D. or other) JD
Address 2601 North Whittier Date signed 8/4/41

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 L. B. Boykin, Registered Apprentice No. 294 working under my personal supervision.

Signed

L. B. Boykin

Licensed Embalmer No.

P. O. Address

294
St. Louis 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.