

FILED SEP 8 1941
Registration District No. 184

Primary Registration District No. 109

Registrar's No. 1698

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manlewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3256 Big Bend Blvd /
(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

3. (a) PRINT FULL NAME Susan Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / race White

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased July 31st 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name John Meyer

FATHER { 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Fuchs

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

16. (a) Informant Walter Jackson

(b) Address 3256 Big Bend Blvd

17. (a) Burial (b) Date thereof 8/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) 1961 81 90V (b) C. J. McLaughlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Manlewood
(If outside city or town limits, write "RURAL")

(d) Street No. 3256 Big Bend Blvd
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1941 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8/8 1941 to 8/11/41 19____;

that I last saw her alive on 8/11/41 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
Duration 2 hours

Due to peritonitis 2 days

Due to arterio sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 97

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 W. S. ... (M. D. or other) 0

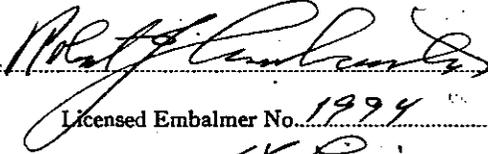
Address 2816 Sutton Ave Date signed 8/12/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 1994

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

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.