

No. 2
4-12-40
-17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30360

State File No. _____

FILED OCT 18 1941

7699

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 16 years Jackson

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St Louis 21 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2104 Chestnut
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Richard Jackson

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14
year 1941 hour 10:25 minute A M.

4. Sex Male 5. Color or race Negro

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

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

7. Birth date of deceased July 14, 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 2, 1941, to September 14, 1941;
that I last saw him alive on September 14, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 2 Days 0 If less than one day
hr. min.

Immediate cause of death Sub-acute Bacterio Endocarditis Unk
Duration

9. Birthplace XXXX La. |
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) OH

10. Usual occupation Laborer

11. Industry or business XXXXXX

Major findings: Of operations _____

Of autopsy Endocarditis
Acute Splenitis

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Jerry Jackson

13. Birthplace XXXX Ga |
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Pliny Stevens Ga |
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A Spottsacy

(b) Address 2601 N Whittier

17. (a) Autonomous Burial (b) Date thereof 9-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Cemetery field

18. (a) Signature of funeral director J. W. Johnson

(b) Address City Health Department

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) SEP 24 1941 (b) J. W. Johnson
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Johnson (M. D. or other) 0
Address 2601 N Whittier Date signed 9-16-41

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.....

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.