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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 27 1941  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

33325  
8280

Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town 3022 Thomas St. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X X (Specify whether  
In this community 68 years years, months or days)

3. (a) PRINT FULL NAME Ben Jackson

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

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

6. (b) Name of husband or wife Missie Jackson 6. (c) Age of husband or wife if alive yes 52 years

7. Birth date of deceased. Jan 22 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 23 hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business High-way skirting

12. Name Ben Jackson

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

14. Maiden name Don't know

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

16. (a) Informant Missie Jackson

(b) Address 3022 Thomas St.

17. (a) Burial (b) Date thereof 10-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods of Spirit

18. (a) Signature of funeral director [Signature]

(b) Address 2812 Thomas St.

19. (a) OCT 18 1941 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3022 Thomas St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Born 29.68 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15th year 1941 hour 10:00 minute 00 M.

21. I hereby certify that I attended the deceased from 10/15/41 to 10/15/41 1941 that I last saw him alive on 10/15/41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Chronic Hypertension

Due to [Signature]

Other conditions. (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations [Signature] Of autopsy [Signature]

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 3130 Chariton Date signed 10/17/41

Duration  
13 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

*myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. Houston Jr.*

..... Licensed Embalmer No. *2266*

P. O. Address: *2812 Thomas St.*

**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.**