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DEPARTMENT OF COMMERCE

DEPARTMENT OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33326
Registrar's No. 8281

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.
(b) City or town: St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: 14 days
In this community 15 years

3. (a) PRINT FULL NAME: John Jackson

3. (b) If veteran, none
3. (c) Social Security No. 159-14-2472

4. Sex: Male
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Patsy Jackson
6. (c) Age of husband or wife if alive: 24 years
7. Birth date of deceased: Sept 24 1917

8. AGE: Years 27, Months —, Days 20, hr. —, min. —

9. Birthplace: Greenville, Ala.

10. Usual occupation: Laborer

11. Industry or business: —

MOTHER FATHER
12. Name: L. P. Jackson
13. Birthplace: Greenville, Ala.
14. Maiden name: Della Harrison
15. Birthplace: Greenville, Ala.

16. (a) Informant: Patsy Jackson
(b) Address: 4350 Cote Brillante

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 10-19-41
(c) Place: burial or cremation: Binning's Home, Ala.

18. (a) Signature of funeral director: R. O. Houston
(b) Address: 2812 Thomas & Louis, Mo.

19. (a) OCT 18 1941 (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo.
(b) County: —
(c) City or town: St. Louis
(d) Street No.: 4350 Cote Brillante
(e) Citizen of foreign country? No
If yes, name country: U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 14, 1941, year —, hour 10, minute 15, M. A.

21. I hereby certify that I attended the deceased from October 1, 1941 to October 15, 1941 that I last saw him alive on October 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Duration: 48 hrs.

Due to: —
Due to: —
Other conditions: —
Major findings: Of operations: —
Of autopsy: Lobar Pneumonia, Decubitus Ulcers

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?: —
(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: H. J. Erwin (M. D. or other)
Address: 2601 Whittier Date signed: 10-15-41

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

Business

1911

12

1212 1/2 1st St. N.W. Wash. D.C.

1212 1/2 1st St. N.W. Wash. D.C.

1212 1/2 1st St. N.W. Wash. D.C.

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

working under my personal supervision.

Registered Apprentice No. *1212 1/2 1st St. N.W. Wash. D.C.*

Signed *A. O. Houston*

Licensed Embalmer No. *2266*

P. O. Address *2817 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.