

Registration District No. **784**

Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days) **15 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **S. Kinloch**
(If outside city or town limits, write "RURAL")
(d) Street No. **Richard and Smith**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Andrew Jackson

3. (b) If veteran, name war **unknown**

3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sarah Kelley Jackson** 6. (c) Age of husband or wife if alive **?** years
7. Birth date of deceased **Feb. 9 1885**
(Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **22** If less than one day **?** hr. **?** min.

9. Birthplace **Unknown / Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **general housework**

11. Industry or business **C. A. Gochenour**

MOTHER FATHER { 12. Name **Richard Jackson**
13. Birthplace **Unknown / Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Johnson**
15. Birthplace **Unknown / Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josiah Thompson**
(b) Address **2737 Walnut at**
17. (a) **Burial** (b) Date thereof **11-5-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis, Washburn at**

18. (a) Signature of funeral director **J. W. Hughes**
(b) Address **3620 Center**
19. (a) **NOV 4 1941** (b) **W. M. [Signature]**
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31**
year **1941** hour **7** minute **:45 P.M.**

21. I hereby certify that I attended the deceased from **8-25-41**
to **10-31-41**
that I last saw **him** alive on **10-31-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis Peritonitis**
Ca. of Stomach

Duration
5 mos
6 mos

Due to _____
Due to **Hob**
Other conditions (Include pregnancy within 9 months of death) _____

Major findings:
Of operations **as above**
Of autopsy **as above**

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 **J. M. Allen** (M. D. or other) _____
Address **St. Louis Co. Hospital** Date signed **11-3-41**

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

1
2
3

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

Signed

Clark Young

Licensed Embalmer No.

8371

P. O. Address

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.