V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 422

Registration District No. 791 I Primary Registration District No. 100 Registrar's No. 819

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours. (Specify whether years, months or days)
In this community 66 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 21
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 Dickson St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

000 17 9

3. (a) PRINT FULL NAME Edward Jackson.

3. (b) If veteran, name war No.

3. (c) Social Security No. 491-14-4246

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Late Augusta Jackson.

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

7. Birth date of deceased May 18 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	8	7	hr. min.

9. Birthplace Scotland. (City, town, or county) 4 (State or foreign country)

10. Usual occupation Maintanence Man.

11. Industry or business St. Louis Ref. & Cold Stoage

MOTHER FATHER

12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Augusta Oswald.
(b) Address 1534 Wellston Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JAN 27 1942 (Date received local registrar) J. F. Ordeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1942 hour 2 P.m. minute M.

21. I hereby certify that I attended the deceased from 1945 to January 24 1942 that I last saw him alive on January 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	10h
Due to Hypertension	6 years
Due to Arterio Sclerosis	
Other conditions Senility	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Aurhall (M. D. or other)
Address 2707 Cass Date signed 1/26/42
A. W. Brack

(Licensed Embalmer's Statement on Reverse Side)

Dr Kraal. 2704-Carr.
Fr 4270

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.