S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4492
Registrar's No. 1588

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 24 dys. (Specify whether
In this community about 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 220
(c) City or town Saint Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3114a Brantner Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Henry Jackson

3. (b) If veteran, name war —

3. (c) Social Security No. 498-03-3800

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Maggie Jackson

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June (Month) 18 (Day) 1890 (Year)

8. AGE: Years 51 Months 8 Days 0 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Bruce Constr. Co

MOTHER · FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Maggie Jackson

(b) Address 3114a Brantner Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cmty.

18. (a) Signature of funeral director E. H. S. Fun. Home

(b) Address 2820 Stoddard St.

19. (a) FEB (Date received local registrar) (b) J. T. Bradecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 18th year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis, Pulmonary infarction, Fracture of right ankle, when he lost his balance and fell from a scaffold while working on Building #204, at the Small Arms Plant, about 4:00 o'clock P.M., December 24, 1941. ACCIDENT

Duration

Morbid conditions

Other conditions (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) ACCIDENT

(b) Date of occurrence 12-24-1941

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callinan (M.D. or other)

Address Deputy Coroner Date signed 2/20/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boy

....., Registered Apprentice No. Mf

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 294

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, above space should be left blank.