

No. 2
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-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8753

State File No. 2435

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 10 100

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 2 days
20 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 11 000
17
9

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3937 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Jackson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Beatrice

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased January 18th, 1900.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 1 27 hr. min.

9. Birthplace Brownsville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Car-washer

11. Industry or business Epstein Chevrolet Co.

MOTHER FATHER { 12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Beatrice Jackson

(b) Address 3937 Page Blvd.

17. (a) Burial (b) Date thereof 3-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAR 17 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15,
year 1942 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from March
13, 1942 to March 15, 1942

that I last saw him alive on March 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration
Unknown

Due to _____

Due to _____

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) _____

(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. W. Johnson (M. D. or other) _____
Address 2601 N. Whittier Date signed 3-16-42

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

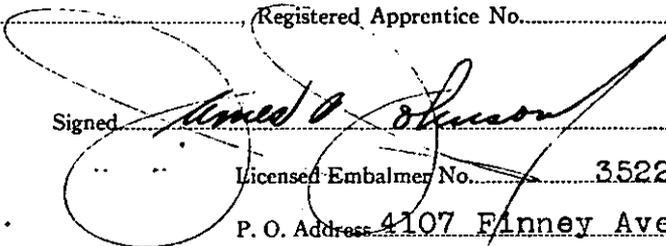
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....James A. Johnson.....
working under my personal supervision.

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

Signed.....



.....

.....Licensed Embalmer No.....3522.....

.....P. O. Address.....4107 Finney 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.