

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
4254 W. Garfield A. ve. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
About 45 Years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 11/19
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4254 W Garfield Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Maria Jackson

3. (b) If veteran, No name war
3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel Jackson
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Green

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

14. Maiden name Not Known

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

16. (a) Informant Edna E. Freeman
(b) Address 4256 W. Belle Pl.

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

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A. L. Beal Und Co
(b) Address 2726 Lucas Ave.

19. (a) J. F. Proctor (b) J. F. Proctor
(Date) (Month) (Day) (Year) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from June 28
1942 to July 14 1942
that I last saw him alive on July 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Duration about 2 yrs

Due to _____

Due to _____

Other condition myocarditis
(include pregnancy within months of death)

Major findings: Of operations none

Of autopsy none

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) _____
Specify type of injury _____

23. Signature J. F. Proctor (by D. death) _____
Address St. Louis, Mo. Date signed July 17 1942

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

MOTHER FATHER

844

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

Arthur L. Helliard

Licensed Embalmer No.

4221

P. O. Address

2649² Delmas

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.