

Registration District No. 791

Primary Registration District No. ....

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

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:  
913 N. 23rd. St.  
(If not in hospital or institution, write street number or location)  
Length of stay: In hospital or institution.....  
In Route City Hoop #2 (Specify whether  
in this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 913 N. 23rd. St.  
(If rural, give location)  
(e) Citizen of foreign country..... (Yes or No)  
No. Attending Physician (Yes, name country)

3. (a) PRINT FULL NAME Lewis 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 Ellen 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Unavailable about 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 72 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Unavailable

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

14. Maiden name " (City, town, or county) (State or foreign country)

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

16. (a) Informant Lucille Townsend

(b) Address 2716 Dayton St.

17. (a) Burial (b) Date thereof 8/13/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

(b) Address 4107 Finney Ave.

19. (a) AUG 13 1942 (b) J. F. Buech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th.  
year 1942 hour 10:45 minute p. 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.....

Coronary Sclerosis

Due to.....

Arteria Sclerosis

Due to.....

Other conditions (Include pregnant within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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) (d) Means of injury.....

23. Signature Thomas J. Callender (M.D. or other).....

Address 1300 Clark Ave Date signed 8/13/42

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**STATEMENT BY LICENSED EMBALMER**

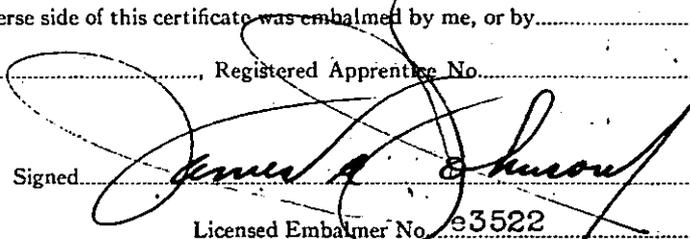
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

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.**