S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1948

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 25945

Primary Registration District No. 1003

Registrar's No. 7169

**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 G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 40 years

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 919
(If outside city or town limits, write "RURAL")

(d) Street No. 715a N. Vandeventer Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sallie Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Apr 14 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid, Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Jake Small
13. Birthplace New Madrid Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk Ark 9 (City, town, or county) (State or foreign country)

16. (a) Informant H. Nathan Jackson
(b) Address 715 N. Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director English Fd. Co
(b) Address 2931 Lucas ave

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 23, year 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 9, 1942 to August 23, 1942 that I last saw her alive on August 23, 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Gangrene of right leg (Embolic in origin) | 12 days |
| 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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature C. R. Mehrey (M. D. or other)
Address 2601 Whittier Date signed 8/24/42

(Licensed Embalmer's Statement on Reverse Side)

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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 .....

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

working under my personal supervision.

Signed Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, 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.**