

FILED OCT 6 1942

Registration District No.

Primary Registration District No.

Registrar's No. 2953

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3400 Hickory St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 17 18
(If outside city or town limits, write "RURAL") 9 18
(d) Street No. 3400 Hickory
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

GEORGE JACKSON

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jackson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 11 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business.

MOTHER FATHER { 12. Name Joe Jackson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mandy
15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Jackson

(b) Address 3400 Hickory

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26/42
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green

(b) Address 2910 Franklin Ave.

19. (a) SEP 25 1942 (Date received local registrar) J. F. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1942 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug 10 1942 to Sept 27 1942 that I last saw him alive on Sept 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to 9 18

Due to 9 18

Other conditions (Include pregnancy within 3 months of death) 9 18
Major findings: Of operations 9 18
Of autopsy 9 18

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) (e) Means of injury 0

23. Signature L. B. Powell (M. D. or other) 0
Address 2902 Facla de Date signed 9-28-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin a*

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.