

FILED OCT 14 1942 318

Registration District No.

1003

Registrar's No.

8177

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 16 Days.
(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. 5127 Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Samuel Jackson

3. (b) If veteran, name war... No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife... Late Letitia Jackson. 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased February 28 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 3 hr. min.

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

10. Usual occupation Retired Railroad Man.

11. Industry or business Terminal R.R.

12. Name Unknown.

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

14. Maiden name Unknown.

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

16. (a) Informant Florence Hock
(b) Address 5127 Lexington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und.Co.
(b) Address 2223 St. Louisave.

19. (a) OCT 2 1942 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1
year 1942 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-12
1942 to 10-1 1942;
that I last saw him alive on 9-130 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death.
Coronary occlusion

Due to Coronary occlusion
Due to 94

Other conditions (Include pregnancy within 3 months of death)
94

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) (e) Means of injury.....

23. Signature Henry S. Gon (M. D. or other)
Address Mo. Pac. Hosp. Date signed 10/1/42

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 Werner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.