

FILED OCT 28 1942

Registration District No. **318**

Primary Registration District No. **1003**

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:  
**Enroute, City Hospital # 1 3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Days**  
(Specify whether years, months or days)

In this community **18 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**  
**17**

(c) City or town **St Louis Missouri** **2.6**  
(If outside city or town limits, write "RURAL")

(d) Street No. **825a Wright St**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **51** **0** years.

3. (a) PRINT FULL NAME **James, W. Jackson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **13**  
year **42** hour **9** minute **00** A. M.

3. (b) If veteran, name war **No**

3. (c) Social Security No. **497-09-5373**

4. Sex **Male** 0

5. Color or race **White**

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

6. (b) Name of husband or wife **Nellie Jackson**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased: **1** **1** **1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>9</b>	<b>12</b>	hr. _____ min. _____

9. Birthplace **Grand Tower** **ILL** ✓  
(City, town, or county) (State or foreign country)

10. Usual occupation **Steel Worker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Tom Jackson**

13. Birthplace **Jackson County** **ILL** ✓  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Jackson**

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

16. (a) Informant **Edward Jackson**

(b) Address **2510 Blair Ave**

17. (a) **Burial** (b) Date thereof **10 16 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Sordhart & Sordhart**

(b) Address **2228 St Louis Ave**

19. **OCT 15 1942** (b) **J F Brebeck**  
(Date received local registrar) (Registrar's signature)

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 **Internal hemorrhage from gunshot wound of back. Bowel and liver ruptured. at the hand or handle of party or parties unknown, at Reppner Dugard Mason St. about 10:45 PM. Oct 10 1942**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None Pending**

Of autopsy **None**

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) **Homicide**

(b) Date of occurrence **10-10-42**

(c) Where did injury occur? **St Louis**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**

While at work? **No** (Specify type of place) (e) Means of injury **Shot**

23. Signature **Thomas F Callanan** (M. D. or other)

Address **Deputy Coroner** Date signed **10/15/42**

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

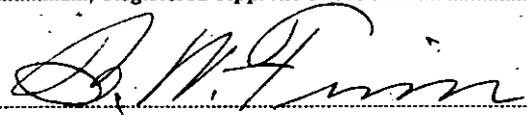
B

**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. 1591

P. O. Address 4106<sup>th</sup> Bolander

**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.**