

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35522

State File No.

10016

FILED DEC 11 1942
Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 20 years
(Specify whether 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. 4565 Cottage
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Henry Jackson
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 25,
year 1942 hour 1 minute 35 P. M.

4. Sex Male 5. Color or Race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rena Jackson
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased: April 12 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 21, 1942 to November 25, 1942; that I last saw him alive on November 25, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>7</u>	<u>13</u>	hr. min.

Immediate cause of death
Pulmonary tuberculosis 73 mos.

9. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name Rogers Jackson
13. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Katie Stratton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rena Jackson
(b) Address 4565 Cottage Ave.

17. (a) Burial (b) Date thereof Dec. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

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)

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) DEC 1 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature A. Moore (M. B. or other)
Address 2001 Whittier Date signed 4/30/42

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649th Delmar Blvd

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.