

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

FILED JUL 24 1943 318

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lena Jackson

3. (b) If veteran, name war no

3. (c) Social Security No. No card

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, 2 divorced Widowed

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

7. Birth date of deceased Feb. 8, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>60</u>	<u>5</u>	<u>7</u>	_____ hr. _____ min.
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9. Birthplace Jonesville Tex.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER

12. Name Davidit Darset

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

14. Maiden name Mary Birdson

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

16. (a) Informant Lizzie Bennett.

(b) Address Kilgore Tex

17. (a) Jul 19 1943 (b) Date thereof July 20, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) Jul 19 1943 (b) S. Breder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 8 918**

(a) State Missouri (b) County _____

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

(d) Street No. 1011 N. Cardinal
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15,
year 1943 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 7,
1943 to July 15, 1943
that I last saw her alive on July 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 2 weeks

Due to Arterial Hypertension Unk.

Due to _____

Other conditions 83
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. E. Smith (M. D. or other) _____
Address 4601 Webster Date signed 7/16/43

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 4219th E. Hayfield

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.