

U. S. No. 2
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Revised 5-17-39
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23129

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED AUG 7 1943 318

Registration District No.

Primary Registration District No. 1003

6877

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 2 1/2 hrs.
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 921
(d) Street No. 2827 Delmar. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Michael Jackson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 24 1942.
(Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Riley Jackson,

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

14. Maiden name Corette Murrey,

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

16. (a) Informant B. Battenuth, (b) Address Isolation Hospital.

17. (a) Burial (b) Date thereof 7-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) JUL 30 1943 (Date received local registrar) J. P. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28, year 1943, hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 27 to July 28, 1943. that I last saw him alive on July 28, 1943. and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis

Due to
Due to

Other conditions Broncho pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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?
(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 O. P. Maxwell (M. D. or other) Address 5600 Arsenal St Date signed 7-27

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. Bayton
..... Registered Apprentice No. M
working under my personal supervision.

Signed Loraine Bayton
..... Licensed Embalmer No. 294
P. O. Address St Louis Mo

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.