

FILED SEP 28 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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 **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 13 days
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4229 W. Belle
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- **0**

3. (a) PRINT FULL NAME William 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** Married

6. (b) Name of husband or wife Eva Jackson **6. (c) Age of husband or wife if alive** 58 years

7. Birth date of deceased November 4th 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>11</u>hr.min.

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

10. Usual occupation Stevadore

11. Industry or business Baltimore and Ohio R.R.

MOTHER FATHER

12. Name Unavailable

13. Birthplace Unavailable **9**
(City, town, or county) (State or foreign country)

14. Maiden name Alice Unknown

15. Birthplace Unavailable **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Jackson

(b) Address 4229 West Belle Place

17. (a) Burial **(b) Date thereof** 9/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) SEP 17 1943 **(b)** J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15,
year 1943 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from August
2, 1943 to September 15, 1943
that I last saw him alive on September 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Pulmonary Infarction
Edema
Due to 95

Duration
Unk.
Unk.
Terminal

Due to _____
Other conditions _____
(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? _____

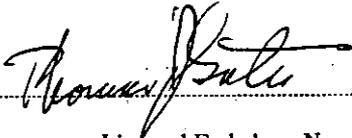
While at work? _____ **(Specify type of place)**
(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. _____)
Address 2601 Webster Date signed 9/16/43

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.....

..... Thomas J. Gates, Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No..... 4259

P. O. Address..... 4107 Finney Avenue

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.