S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39130

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 2698

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7603 Alicia Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7603 Alicia Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Willard M. Jackson

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced — 0

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

7. Birth date of deceased October (Month) 5. (Day) 1931 (Year)

8. AGE: Years 12 Months 1 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Waldo E. Jackson
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Irene Seymour
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Waldo Jackson (father)
(b) Address 7603 Alicia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester

19. (a) DEC - 7 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1943 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from ..... 19..., to 1 year 19..; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	X yrs.
Due to: bronchial pneumonia	2 days
Due to: ↑	
Other conditions: as above (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 107

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

23. Signature J. A. Hutten P.E. (M.D. or other)
Address 2712 Williams ave Date signed 12-4-43

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Lopez

Licensed Embalmer No. 2971

P. O. Address.....

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.