

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11159**

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis Street 910
(If outside city or town limits, write "RURAL")
(d) Street No. 3422 Hickory Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ben 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 Mattie Jackson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 28 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Vicksburg Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Flemmie Jackson
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Bettie Williams
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Jackson
(b) Address 3422 Hickory Street,

17. (a) Removal (b) Date thereof 12-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIKTON, ILLINOIS

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

(b) Address 4107 Finney Avenue

19. (a) DEC 15 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 9, 1943 to December 11, 1943; that I last saw him alive on December 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature William J. [Signature] or other _____
Address 901 N. [Address] Date signed 12/13/43

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

MOTHER FATHER

84K

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.