

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips I  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LULA JACKSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

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

7. Birth date of deceased May 9 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 6 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Noah Smith

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

14. Maiden name Lidney Smith

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

16. (a) Informant's own signature Nora C. Bass

(b) Address 3323 Leaton Ave.

17. (a) Burial (b) Date thereof Dec 10 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jefferson Ave.

18. (a) Signature of funeral director J. L. Marshall

(b) Address 3400 Franklin St. St. Louis

19. (a) DEC 8 1943 (b) J. F. Bradbeer  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3621 Couper Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th  
 year 1943 hour \_\_\_\_\_ minute 15 A. M.

21. I hereby certify that I attended the deceased from December 2, 1943 to December 5th, 1943

that I last saw her alive on December 5th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (autopsy) Meningitis (etiology undet.) Autopsy  
 Duration Terminal Unk.

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 \_\_\_\_\_

23. Signature S. E. Smith (M. D. or other) \_\_\_\_\_

Address 3601 Whittier Date signed 12/6/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-43

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**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 ML  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben. H. Baldurri  
Licensed Embalmer No. 2420  
P. O. Address St. Louis, Ills.

**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, above space should be left blank.**