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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 482 12030

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no 0
(If not in hospital or institution, write street number or location) Home Phillips

(d) Length of stay: In hospital or institution in route to hospital (Specify whether)

In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 1

(a) State Mo (b) County 17

(c) City or town St Louis 9 95
(If outside city or town limits, write "RURAL")

(d) Street No. 1231 N 10 Street
(If rural, give location)

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

If yes, name country none 0

3. (a) PRINT FULL NAME Horace Jackson

3. (b) If veteran, name war World # 1

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) (Day) 1890 (Year)

8. AGE: Years 53 Months 1890 Days Unknown If less than one day hr. min.

9. Birthplace Montgomery (City, town, or county) Alabama (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country) 170

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country) 21

16. (a) Informant Bessie Cross

(b) Address 1231 N 10 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetry-Jefferson Barracks

18. (a) Signature of funeral director Mary Wade

(b) Address 420 N Finney

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1943 hour 10 minute 23 P M.

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

Immediate cause of death Internal Hemorrhage from Laceration of right lung external Hemorrhage Compound

Due to Fractures both legs when he was struck by a

Due to automobile driven by one John Grant Brueckman

Other conditions (Include pregnancy within 3 months of death) about 1 50 feet north of Branch Ct on Broadway about 10 15 P.M.

Major findings:
Of operations 12-24-43

Of autopsy

Duration

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) Accident 000

(b) Date of occurrence 12-24-43

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)

Address Lemp Ct Dr Date signed 1/4/44

(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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Choute

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.