

No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944
Registration District No. 310

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

State File No. 9100
Registrar's No. 2299

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

1. PLACE OF DEATH:
(a) County Saint Louis, Missouri
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
111 South Leonard Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 years
years, months or days

3. (a) PRINT FULL NAME CORA BELLE JACKSON
3. (b) If veteran, name war ---
3. (c) Social Security No. None

4. Sex Female 5. Color or Race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edmund Jackson
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased December 24, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 12 -- hr. -- min.

9. Birthplace Landerdale County, Miss.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business ---
12. Name Wesley Moore
13. Birthplace Unknown S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Unavailable
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Colonel Jackson
(b) Address 111 South Leonard Avenue
17. (a) Burial (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Booker Wash. Cem. St. Louis, Mo.
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) MAR 8 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town Saint Louis 918
(If outside city or town limits, write "RURAL")
(d) Street No. 111 South Leonard Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th
year 1944 hour 12: minute 10 P.M.
21. I hereby certify that I attended the deceased from 2-2
1944 to 3/6 1944
that I last saw her alive on 3/6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 Month
Due to Chronic Myocarditis 1 yr.
Due to _____
Other conditions (Include pregnancy within 3 months of death) 73

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 W. B. P. (M. D. or other) 3/7/44
Address 3146 a Laclede Av. Date signed

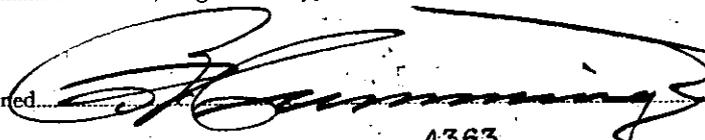
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Lee Cummings....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4363.....

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.