

FILED MAY 15 1944 318

Registration District No.

1003

Registrar's No.

4070

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:  
2735 A So. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 71-1-15 years, months or days

3. (a) PRINT FULL NAME Charles Jackson

3. (b) If veteran, name war no 3. (c) Social Security No. 494-09-7940

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased March 14 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Maintenance Man  
11. Industry or business Furniture Warehouse

MOTHER FATHER { 12. Name John Jackson  
13. Birthplace Denver Col.  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Claus  
15. Birthplace Denver Col.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Jackson  
(b) Address 2735 a So. Broadway

17. (a) burial (b) Date thereof 5-2-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director J. F. Schumacher  
(b) Address 3013 Meramec

19. (a) MAY 2 1944 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2735 A So. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1944 hour 1 minute 00P M.

21. I hereby certify that I attended the deceased from 4-19-44  
\_\_\_\_\_ 19. \_\_\_\_\_ to 4-29-44 19. 44  
that I last saw him alive on 4-27 19. 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 wks  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_

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

23. Signature J. F. Jones (M. D. or other) MD  
Address 3616 S. Broadway Date signed 5-1-44

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

MAY 29 1944

**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..... *W E Morris* .....

Licensed Embalmer No. 3360 .....

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.**