

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution 1900 & Carr  
(d) Length of stay: In hospital or institution 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1900 & Carr St  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ANNA JACKSON

3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex F 3 5. Color of race Col 6. (a) Single, widowed, married, divorced, widow 2

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

7. Birth date of deceased: Unknown

8. AGE: About 63 Unknown

9. Birthplace: Unknown

10. Usual occupation: Cleaning Office

11. Industry or business

MOTHER FATHER

12. Name About Boyd  
13. Birthplace Unknown

14. Maiden name Margrett  
15. Birthplace Unknown

16. (a) Informant John Jackson  
(b) Address 1900 & Carr St

17. (a) Burial (b) Date thereof Oct 19 1944  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green  
(b) Address 2915 Franklin Ave

19. (a) OCT 19 1944 (b) Registrar's signature J. P. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1944 hour 9 minutes 15 P.M.

21. I hereby certify that I attended the deceased from 10th - 1944 to Oct 15th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intermittent Chronic Interstitial Nephritis 24yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/31

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. P. Jones (M. D. or other) Date signed 10/19/44

Duration

3 w

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Signed.....

*G. A. Hean*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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.**