

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32445
State File No.
8799
Registrar's No.

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 0 years, months or days

3. (a) PRINT FULL NAME SADIE JACKSON
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Silas Jackson (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 1 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 12 If less than one day hr. _____ min.

9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Oscar Ancell

13. Birthplace Unknown United States
(City, town, or county) (State or foreign country)

14. Maiden name Florence May McCain

15. Birthplace Unknown United States
(City, town, or county) (State or foreign country)

16. (a) Informant Daughter - Mrs. Edw. Patrick

(b) Address 1614 E. 31st St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 10-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cairo, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 17 1944 (b) J. F. Bredeck
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 88
(c) City or town Cairo Rural
(d) Street No. Route No. 2
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 13
year 1944 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from OCT. 10, 1944 to OCT. 13, 1944
that I last saw her alive on OCT. 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Shock 75 min

Due to Gonorrhea 4 weeks

Due to Gall stone in common bile duct 4 weeks

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Gall stone in common bile duct
Of operations _____
Of autopsy Same

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) (2) Means of injury _____

23. Signature Gordon F. Moore (M. D. or other)

Address Barnes Hospital Date signed _____

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

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7
9

662B

662B

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 *John Agnoshki*
Licensed Embalmer No. *3398*

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.