

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1949 18

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution 2733 1/2 Franklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 41 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

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

(d) Street No. 2733 1/2 Franklin
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES A. JACKSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1949 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 27, 1948 to Nov 29, 1949

that I last saw him alive on Nov 18, 1949 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 4, 1879
(Month) (Day) (Year)

Immediate cause of death Loco-Motor Ataxia

Due to _____

Due to _____

Other conditions 30
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 5 Days 25 If less than one day _____ hr. _____ min.

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

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 Vincent J. Mueller (M. D. or other)

Address 3534 Franklin Date signed XII-1-49

MOTHER FATHER

11. Industry or business _____

12. Name W.M. Jackson

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ella Jackson

(b) Address 2733 1/2 Franklin ave

17. (a) Burial (b) Date thereof Dec 4/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) DEC 3 1949 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

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

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. Green

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin a*

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.