

FILED DEC 27 1948 18

Primary Registration District No. **1003**

Registrar's No. **10556**

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: Somarys Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 5 days years, months or days)

3. (a) PRINT FULL NAME

Lucy Jackson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elijah Jackson 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec 19 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 19 hr. min.

9. Birthplace Union Parish Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER

12. Name Judge Hendricks
13. Birthplace Union Parish Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Rodgers
15. Birthplace Union Parish Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Elijah Jackson
(b) Address Brooklyn Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 10 1948
(Month) (Day) (Year)

(c) Place: burial or cremation: East St Louis Ill

18. (a) Signature of funeral director: J. Marshall
(b) Address 2205 Maple East St Louis Ill

19. (a) DEC 11 1948 (Date received local registrar) (b) J. E. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois County St Clair
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Monroe
(If rural, give location) NR
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1944 hour 1 minute 15 PM M.

21. I hereby certify that I attended the deceased from Nov 30 1950 to Dec 8 1954
that I last saw her alive on Dec 8 1954
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephritis, Chr

Due to 1/2/1

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 Edgar F. Wordson (M. D. or other) M.D.
Address 930 N 2nd St Date signed 12/8

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

Signed Ben. H. Balducci
Licensed Embalmer No. 2420
P. O. Address C. St. Louis Ills

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.