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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4396**  
Registrar's No. **1761**

**FILED MAR 9 1945**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3502 Franklin Ave. Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years  
In this community 16 years  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Edna Mae Jackson  
3. (b) If veteran, name war none  
3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race color  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife James Jackson  
6. (c) Age of husband or wife if alive 25 years 1909  
7. Birth date of deceased June 25 1909  
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 26  
If less than one day  
hr. min.

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

10. Usual occupation House wife

11. Industry or business William Rucker

12. Name William Rucker  
13. Birthplace Kuttawa, Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Ada Garrett  
15. Birthplace Kuttawa, Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant James Jackson  
(b) Address 3502 Franklin Ave.

17. (a) Removed (b) Date thereof 2-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kuttawa Ky.

18. (a) Signature of funeral director Allen Stiles  
(b) Address 3506 Franklin Ave.

19. (a) FEB 23 1945 (b) J. F. Bredeek  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Gen  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3502 Franklin Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Feb.  
year 1945 hour 6 minute P. M.  
21. I hereby certify that I attended the deceased from Nov. 10  
1945 to 2/21 1945  
that I last saw her alive on 2/21 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 weeks

Due to Chronic Myocarditis 4 Mo.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1945

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 James Stiles (M. D. or \_\_\_\_\_)  
Address 3146 1/2 W. 10th Date signed 2/23/45

**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.....

*James A. Johnson*

Licensed Embalmer No.....

*3522*

P. O. Address.....

*3506 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.**