

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15233
4789
Registrar's No.

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
(b) City or town St. Louis
(c) Name of hospital or institution 2735 S. Broadway
(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary H. Jackson
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 31 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 27 hr. min. 28

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

10. Usual occupation House Work

11. Industry or business

12. Name Sam'l Jacobs
13. Birthplace Unknown (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 Charles P. Jackson
(b) Address 2735 A. So. Broadway

17. (a) burial (b) Date thereon 5-31-1945 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Philadelphia

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) MAY 30 1945 J. J. Bredbeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2735 So. Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28 year 1945 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1-8-1943 to 5-28-1945
that I last saw her alive on 5-28-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Hypertension

Due to
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?

23. Signature O. F. Jones (Specify type of place) (M. D. or other) MD
Address 3616 S. Broadway Date signed 5-29-45 (e) Means of injury

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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.....

Francis Williamson

Licensed Embalmer No.

3565

P. O. Address.....

St Louis Mo

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.