S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25799

FILED SEP 14 1945

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 7743

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 18

(c) City or town St Louis 17 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3433 Walnut St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mackson Jackson

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 1115

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May (Month) 17 (Day) 1918 (Year)

8. AGE: Years 27 Months 3 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Naughton Coal Co

MOTHER FATHER

12. Name Dave Jackson

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

14. Maiden name Fannie Brown

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

16. (a) Informant Dave Jackson

(b) Address 3433 Walnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) SEP 4 1945 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1945 hour 4.00 minute PM.

21. I hereby certify that I attended the deceased from

, 19, to , 19;

that I last saw h alive on , 19;

and that death occurred on the date and hour stated above.

Immediate cause of death Brain Concussion

2 Diaphragmatic Hernia

Due to Stab Wound of the chest

Due to left shoulder and left arm by one Willie Hunter at his home at 2030 Bubble Street

Due to Person Jackson tried to attack Hunter & Hunter about 4 P.M.

Other conditions (Include pregnancy within 3 months of death) Aug. 13, 1945

Major findings:
Of operations 167

Of autopsy

Duration

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) Justifiable Homicide

(b) Date of occurrence Aug. 13. 1945

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Gas bomb

23. Signature Alfred Gerry (M. D. or other)

Address Deputy Coroner Date signed 8/31/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1947

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.