

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **443**

FILED JAN 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **560**

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Mo

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

(d) Street No. 4200 S Broadway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 5
If yes, name country _____

3. (a) PRINT FULL NAME Lucius Jackson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1946 hour 10 minute 10 A M.

21. I hereby certify that I attended the deceased from 1-13, 1946, to 1-14, 1946, that I last saw him alive on 1-14, 1946, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col 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 Nov 17 1906
(Month) (Day) (Year)

Immediate cause of death LUNG ABSCESS - Non tubercular - color, cause not determined

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>9</u>	<u>28</u>	hr. min.

Other conditions (Include pregnancy within 3 months of death) 114

Major findings: Of operations _____

Of autopsy No

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Lucius Jackson

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

14. Maiden name Mills

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

16. (a) Informant Mills Jackson
(b) Address 8915 Bell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Ave

19. (a) JAN 18 1946 (Date received local registrar) J. F. Predeck (Registrar's signature)

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 J. E. Quinn (M. D. or other) _____
Address 2601 N. Whittier Date signed 1/16

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

2645

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

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.