S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4471

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: St. Mary's Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether

In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves (If outside city or town limits, write "RURAL") N.R.?

(d) Street No. 550 Holland Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florine Jackson

3. (b) If veteran, name war nill

3. (c) Social Security No. Nill

4. Sex Female

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 Deceased years

7. Birth date of deceased Feb. (Month) 29 (Day) 1885 (Year)

8. AGE: Years 61 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation House Maid

11. Industry or business nill

FATHER
12. Name William Barnett
13. Birthplace unkown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annis Fewell
15. Birthplace Marianna Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Susie B. Reeves

(b) Address 550 Holland Ave. (Webster)

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 (Month) 20 (Day) 1946 (Year)

(c) Place: burial or cremation Marshall Mo.

18. (a) Signature of funeral director J. C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) MAY 19 1946 (Date received local registrar) J. F. Braneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 30, 1946, to May 16, 1946, that I last saw her alive on May 15, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	@ 14 hrs.
Due to: Thrombophlebitis L. leg	2 days
Due to: Operation and infection	14 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Fibromyomata uteri

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Leon A. Smart M.D. (M. D. or other) MD

Address 4069a Easton Ave Date signed 5/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 [redacted]

, Registered Apprentice No.

working under my personal supervision.

Signed J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.