V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18544
5040

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

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: pronounced dead at ~~3834 Delmar Blvd~~ HomerG.Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 30 Yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000
(c) City or town St. Louis, 1917
(If outside city or town limits, write "RURAL")
(d) Street No. 3834 Delmar Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Willie Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sarah Jackson

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August (Month) 10 (Day) 1899 (Year)

8. AGE: Years 46 Months 9 Days ~~29~~ 16 If less than one day hr. min.

9. Birthplace Memphis, (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Tire Carrier

11. Industry or business J.C.Moore Tire Co.E.St.Louis,Ill

MOTHER FATHER

12. Name Unkn
13. Birthplace Unkn (City, town, or county) 9 (State or foreign country)

14. Maiden name Unkn
15. Birthplace Unkn (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sarah Jackson
(b) Address 3834 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director Dement and Son
(b) Address 2629 Olive St.

19. (a) JUN 5 1946 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 26th year 1946 hour 1:15 minute P M.

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 — Duration

Coronary Occlusion

Due to

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Alfred J. Perry (M.D. or other) 3
Address Deputy Coroner Date signed 6-14-46

(Licensed Embalmer's Statement on Reverse Side)

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

17422

## 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.....

Licensed Embalmer No. 4091

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.**