

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

388740
State File No. _____
Registrar's No. 10150

FILED DEC 9 1946
Registration District No. _____

Primary Registration District No. _____

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

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:
1403^a North 21st St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 41 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Can
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1403^a N. 21st St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert Jackson

3. (b) If veteran, name was Spanish Amer
3. (c) Social Security No. _____

4. Sex M 2 5. Color or race N
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Mamie Jackson
6. (c) Age of husband or wife if alive..... 68 years

7. Birth date of deceased..... Jan 26 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 27 hr. min.

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

10. Usual occupation..... Labor Post Engineer Div.

11. Industry or business..... St. Louis Ordnance Depot

12. Name..... Unknown

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..... Mamie Jackson

(b) Address..... 1403 N. 21 St.

17. (a) Burial (b) Date thereof..... Nov 29 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... National Cem Jefferson Barracks

18. (a) Signature of funeral director..... J. F. Jackson

(b) Address..... 2906

19. (a) NOV 27 1946
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov day..... 23
year..... 1946 hour..... 6 minute..... 30 P.M.
21. I hereby certify that I attended the deceased from..... Nov 22
to..... Nov 23, 1946
that I last saw h..... alive on..... Nov 23
and that death occurred on the date and hour stated above.

Immediate cause of death..... Portia Inappreciable
Duration..... 3 months

Due to.....
Due to..... 92
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature..... J. F. Jackson (M. D. or other)
Address..... 2605 Date signed..... 11/27/46

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 Arthur L. Hayward

Licensed Embalmer No. 1654

P. O. Address 1524 Bayard

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.