

Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hugh Jackson
3. (b) If veteran, name war NIL
3. (c) Social Security No. 494-09-9442

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorene (Gruenwald) Jackson
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 21 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>29</u>	hr. min:

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

10. Usual occupation Watchman

11. Industry or business International Shoe Co

12. Name Charles Jackson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ida Brookshire
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorene Jackson
(b) Address 514 South 4th-St. Charles, Mo.

17. (a) burial **(b) Date thereof** Dec 23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Charles Buried
St. Charles, Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director H. C. Dallmeyer + Sonals
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 12/23/46 **(b)** F. Amis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 514 South Fourth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1946 hour 12:45 minute A. M.
21. I hereby certify that I attended the deceased from 11-8-46
to 12-20-46
that I last saw him alive on 12-20-46
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Bleeding Peptic Ulcer
Due to 3 months
Due to 3 months
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0
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?

23. Signature R. J. Budke (M. D.)
Address 126 S. Main St.
Date signed 12/23/46
While at work? (Specify type of place) (b) Means of injury 0

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-30-56

NOV 16 1954

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 *Joseph I Landolt*
Licensed Embalmer No. *4189*
P. O. Address *St. Louis*

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.