No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11031

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 2539

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:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7416 Washington Avenue N.R. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Charles Christopher Jackson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased September 7, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	6	1	hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Insurance Salesman

11. Industry or business Mass. Mutual Life Insurance Co.

FATHER
12. Name William Thomas Jackson
13. Birthplace Williamsport (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Louisa Whaley
15. Birthplace Palmyra (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Miss. Louise Jackson

(b) Address 7416 Washington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) MAR 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, 1947
year 3 hour 40 minute A M.

21. I hereby certify that I attended the deceased from Feb 16, 1947 to March 8, 1947
that I last saw him alive on March 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature M. E. Shelton M.D. (M. D. or other)

Address 961 S. Skinker Date signed 3/9/47

(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 by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address.....

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.