No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 15222

Primary Registration District No. 1003

Registrar's No. 4683

**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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 N 18th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bennie Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 years

7. Birth date of deceased March 16th 1910 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 37 | 1 | 18 | hr. min. |

9. Birthplace Pine Bluff, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business

FATHER
12. Name James Dove
13. Birthplace Unknown, Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth, Jackson
15. Birthplace Kilburn, Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Brewer
(b) Address 1011 N. 18th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAY 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 4 year 1947 hour 3 minute 42 P.M.

21. I hereby certify that I attended the deceased from 3-30- 1947 to 5-4 1947 that I last saw him alive on May 4 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Malignant Hypertension with Uremic Acidosis | Undet. |
| Due to | |
| Due to | |
| Other conditions None (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy No

PHYSICIAN — Underline the cause of 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 Edw B Williams (M. D. or other)
Address 2601 N Whittier Date signed 5/5/47

Jefferson City Printing Co.

(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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.