No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25681

Registrar's No. 7272

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: Enroute City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 (If outside city or town limits, write "RURAL")

(d) Street No. 4306a N. 20th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Relcie Ann Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 4 (Day) 1899 (Year)

8. AGE: Years 48 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Telephone Operator

FATHER 12. Name Edward Heathcot

13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Gloria Dix

(b) Address 4306a N. 20th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

Address 4700 Washington Blvd.

19. (a) AUG 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1946 to Aug 2nd, 1947 and that I last saw h. alive on July 6th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of the ovary — Duration 9 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations generalized carcinomatosis ca of ovary

Of autopsy

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 Means of injury

23. Signature Warren H. Manter M.D. (M. D. or other)

Address 607 N. Grand Date signed 8/4/47

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.....

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

working under my personal supervision.

Signed.....J. Allen Davis Jr.....

Licensed. Embalmer No.....4053.....

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.