#77327

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 318

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35893

Registrar's No. 9928

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4416 Lafayette Ave., 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MINNIE JACKSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew G. Jackson

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

7. Birth date of deceased November 29 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cox 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Virginia Ogan
(b) Address 3636 Hydraulic Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.,

19. (a) OCT 28 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th year 1947 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from 9/7/47, 19, to Oct. 26th 1947 that I last saw her alive on Oct. 26th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Embolism lenticulo striate artery left - Embolism funeral artery left -

Due to Auricular fibrillation

Due to Arteriosclerotic heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

93

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 John W. Koehly, M.D. (Name of other)

Address 1515 Lafayette Date signed 10/27/47

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 Robert T. Sangster

Licensed Embalmer No. 4290

P. O. Address St. Louis, Mo

**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.**