No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39794

FILED NOV 22 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 10306

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: 3224 Cherokee St. 1
(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: 1903
(a) State Mo. (b) County Ann
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3224 Cherokee St. 9
(If rural, give location)
16
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Anna M. Jackson
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife John W. Jackson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 24 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 11 If less than one day hr. min.
9. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Henry Lorenzen 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Hoffmeister
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Clifford J. Jackson
(b) Address 3224 Cherokee St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Witt Bros. L. Nlo
(b) Address 2929 S. Jefferson Av.
19. (a) NOV 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1947 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 10, 1947, to Nov 5, 1947
that I last saw her alive on Nov 5, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occulsion	2 days
Due to: hypertension cardio vascular disease	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
Of operations —
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? 0 (Specify type of place)
While at work (e) Means of injury
23. Signature George A. Dawson (M. D. or other) MD
Address 3325 S. Grand Date signed 11/5/47

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

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson

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.