S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39795

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10996

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1219 N. 9th St
(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 Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1219 N. 9th St (If rural, give location) 9
(e) Citizen of foreign country? 25 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Chas. Jackson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days | If less than one day hr. min.

9. Birthplace Ark (City, town, or county) Ark (State or foreign country)
10. Usual occupation Ark
11. Industry or business Ark

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

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

16. (a) Informant Thos. F. Callahan
(b) Address 1300 Park
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof DEC 1 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director H. F. Rowland
(b) Address 4355 Washington
19. (a) DEC 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1947 hour 11 minute 00 M.
21. I hereby certify that I attended the deceased from 1 mo, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition with
Due to Marked Dehydration
Due to W. M. A.
Other conditions (Include pregnancy within 3 months of death)

Duration

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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Alfred Perry (M. D. or other)
Address Apple Grove Date signed 11/19/47

Jefferson City Printing Co. 47

(Licensed Embalmer's Statement on Reverse Side)

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

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 Howard F. Rowland

Licensed Embalmer No. 3114

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.