FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43157

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11788

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 6 days (Specify whether years, months or days)

In this community 27 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4437 Cote Brilliante (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Mary Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: Col

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Chester

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Feb. 5 (Month) (Day) (Year)

8. AGE: Years: abt. 46 | Months | Days | If less than one day: hr. min.

9. Birthplace: unk. (City, town, or county) Miss. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

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

MOTHER
14. Maiden name: Ada fields
15. Birthplace: unk (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Olivia Jackson
(b) Address: 4437 Cote Brilliante

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

18. (a) Signature of funeral director: A. L. Bene & Co.
(b) Address: 4303 Delmar

19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 18, 1947, to December 24, 1947 that I last saw her alive on December 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension	Unk
Chr Glomerulo Nephritis	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature: O. L. Daniels (M. D.)
Address: 2601 N Whittier St Date signed 12-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1940

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 Vara Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Bellaghale

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.

S. No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11788

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:

(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 5 (Month) (Day) (Year)

8. AGE: Years 46 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12-26/947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JAN 14 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. Day
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 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 — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

43157