V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43158

FILED JAN 9 1948 Registration District No. 318

1003 Primary Registration District No.

Registrar's No. 11983

253

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

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
(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 St Louis Mo (b) County
(c) City or town 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3972a Finney Ave 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary A. Jackson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 16 (Day) 1897 (Year)

8. AGE: Years 50 Months 5 Days 10 If less than one day hr. min.

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

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

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

16. (a) Informant George Washington
(b) Address 3972a Finney
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, '47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director E. B. Toomey
(b) Address 1221 N. Grand
19. (a) DEC 30 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1947 hour 7 minute a 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 Cerebro Vascular Renal — Duration
Due to Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 121
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 Patrick E. Taylor Dep Cor (M. D. or other)
Address 1900 Clark Date signed 12-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1948

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221-N. Grand

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.