No. 2
—1/47
5-17-39

#55650

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10313

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2904

0 7 9

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
(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: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3540 Chouteau 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 ROBERT JACKSON
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie A.
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan. (Month) 29 (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Johnsonville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Retired
11. Industry or business Laborer
MOTHER
12. Name Kay Jackson
13. Birthplace Johnsonville (City, town, or county) Tennessee (State or foreign country)
FATHER
14. Maiden name Mary Rush
15. Birthplace Johnsonville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Annie A. Jackson
(b) Address 3540 Chouteau Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Leech Funeral Home
(b) Address 3029 Lafayette Ave.
19. (a) MAR 25 1948 (Date received local registrar) (b) W. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22nd year 1948 hour 11 minute 02 P M.
21. I hereby certify that I attended the deceased from 3/14/48, 19..., to March 22nd, 19 48
that I last saw him alive on March 22nd, 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Carcinoma Kidney, Right	
Due to	
Other conditions Stricture urethra, Benign Hypertrophy Prostate	

(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 J. T. Coles (M. D., or other)
Address 1516 Lafayette Date signed 3/23/48

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 David Van Fossan

Licensed Embalmer No. 4282

P. O. Address 5029 Lafayette

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.