S. No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 114255

FILED MAY 15 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4225

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 2706 Rear Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2706 Rear Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Deliah Jackson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Jackson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April (Month) 2 (Day) 1892 (Year)

8. AGE: Years 56 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation House-wife
11. Industry or business Own Home
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant X Will Jackson
(b) Address X 2706 Franklin ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director C. T. Nash Fun. Home
(b) Address 3847 Pay. Ave
19. (a) MAY 5 1948 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9 April 1948, to 3 May 1948; that I last saw her alive on 3 May 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular Disease & failure of heart

Due to Benign nephrosclerosis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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 Robert E Lee (M. D. or other) M.D.
Address 3719 Windsor ROBERT E. LEE Date signed 3 May 48

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 Claudia M. Nash Registered Apprentice No. 424 working under my personal supervision.

Signed C. M. Nash

Licensed Embalmer No. 2433

P. O. Address 3747 Hay Ave

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.