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

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 14256

Registrar's No. 3972

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En route H.S. Phillips 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3329 LaSalle St 9 (If rural, give location)
(e) Citizen of foreign country? 18 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ROXIE JACKSON
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug (Month) 1st (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	46	8	25	hr. min.

9. Birthplace Wintersville (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Frank Johnson
13. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)
MOTHER
14. Maiden name Marina Riggins
15. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)
16. (a) Informant John R. L. Dixon
(b) Address 904a Biddle St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell ave
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26 year 1948 hour 7 minute 00 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.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to 94a	
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 3
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 4/27/48

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 Tyree Hale Registered Apprentice No. 221 working under my personal supervision.

Signed S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.