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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

# STANDARD CERTIFICATE OF DEATH

State File No. 14553

FILED APR 30 1948

Registration District No. 7 Primary Registration District No. 6676 Registrar's No. 1016

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Mo. (Specify whether
In this community 10 Mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~St. Louis~~
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3419 Lucas (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jackson
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Stonewall Jackson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 6 (Day) 1890 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 7 | 11 | hr. min. |

9. Birthplace New Madrid, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laundry + Cooking
11. Industry or business Unemployed
FATHER
12. Name Matt White
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Small
15. Birthplace Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pa.
18. (a) Signature of funeral director English Paul C
(b) Address 2931 Lucas Ave.
19. (a) 4-20-48 (Date received local registrar) (b) Cecil C. Harpman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1948 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from June 17, 1948, to April 17, 1948; that I last saw her alive on April 17, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Pulmonary Tuberculosis | 5 yrs |
| 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 Bernard Friedman (M. D. or other) M.D.
Address Koch Hosp., Koch Mo. Date signed 4-18-48

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.**