FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20998

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5989

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The Jewish Hospital Of St Louis
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 N. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1948 (Year)

8. AGE: Years — Months — Days — If less than one day 14 hr. 40 min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Doyne Jackson
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Verona Vaughan
15. Birthplace ST. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Doyne Jackson
(b) Address 2900 N. 22nd. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUL 6 1948 (Date received by local registrar) (b) J. F. Bracek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 2 minute 27 A.M.
21. I hereby certify that I attended the deceased from July 3, 1948, to July 4, 1948, that I last saw him alive on July 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis	14 hrs
Due to: Prematurity (Gestation 7½ mo)	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy Congenital Bilateral Atelectasis

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 Leon Foster (M. D. or other) MD
Address 634 N. Grand Date signed 7/14/48

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 J. Allen Wades

Licensed Embalmer No. 4053

P. O. Address 2223 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.