

# STANDARD CERTIFICATE OF DEATH

27850

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7741

## 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:  
2612 Howard St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Hancy Jackson  
3. (b) If veteran, No name war  
3. (c) Social Security No. 493-24-326

4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Thomas Jackson  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased June 30 1894  
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Kombs Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business Trust Benson

MOTHER FATHER { 12. Name Trust Benson  
13. Birthplace Georgia  
(City, town or county) (State or foreign country)  
14. Maiden name Kato Carter  
15. Birthplace Tennessee  
(City, town or county) (State or foreign country)

16. (a) Informant Marjorie Benson  
(b) Address 2612 Howard St.  
17. (a) Removal (b) Date thereof 7-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place, burial or cremation East St. Louis

18. (a) Signature of funeral director R. M. C. Green  
(b) Address 3517 Laclede Ave.  
19. (a) SEP 2 1948 (b) J. F. Bredeak  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2612 Howard St.  
(If rural, give location)  
(e) Citizen of foreign country? 20 (Yes or No) 0  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1948 hour 2 minute 45 M.  
21. I hereby certify that I attended the deceased from 8/24/48  
\_\_\_\_\_ 19\_\_\_\_, to 8/31/48 19\_\_\_\_  
that I last saw her alive on 8/31/48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cute by accident Duration 4 days  
H6

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Circumstances  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Chas E. King (M. D. or other)  
Address 3146 Laclede Date signed 8/31/48

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**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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address. St. Louis, Mo

**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.**