No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

Wh. Litt 31644 - 0
8251 Clayton Rd
To 0202

State File No.
Registrar's No. 2110

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Sullivan Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Creve Coeur Lake 0
(If outside city or town limits, write "RURAL")

(d) Street No. O'Sullivan Nursing Home 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harvey W. Jackson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced D 8

6. (b) Name of husband or wife Lulu

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug. 1 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Paris Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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 Gerald Jackson
(b) Address R#2 Creve Coeur, Mo.

17. (a) Burial (b) Date thereof 9-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc
(b) Address 2504-Woodson Rd-Overland-Mo.

19. (a) 9-10-48 (b) Cecil A. J. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1948 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 19 1948 to Sept. 7 1948
that I last saw him alive on September 6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the stomach c̄ metastases	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 8

Major findings: Of operations Carcinoma of Stomach - Gastrectomy 4 months ago

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 0

23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 9/9/48

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. Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address. Overland, 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.