

No. 300
-10-47
-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34293

FILED NOV 6 1948
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9250

1. PLACE OF DEATH:
(a) County St. Louis
(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:
Enroute to Homer Phillips Hos. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Yrs
(Specify whether years, months or days)

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. 2723 Mills St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AGNES JACKSON
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 24
year 48 hour 3.20 minute 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.

4. Sex Female 3 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Phillip Jackson 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 1st, 1887
(Month) (Day) (Year)

Immediate cause of death Uremia:
Contrib: Chronic nephritis
with multiple renal Calculi
(Stones)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 61 Months 4 Days 23
If less than one day hr. _____ min. _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Jackson
(b) Address 2723 Mills St
17. (a) Burial (b) Date thereof 10 28 48
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 10/25/48

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) OCT 26 1948
(Date received local registrar) (Registrar's signature)

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

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 Fulton E. Culkin

Licensed Embalmer No. 1198

P. O. Address St. Louis 13

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.