

FILED OCT 27 1949

STANDARD CERTIFICATE OF DEATH

35259

State File No. 8743

318

1003

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>072</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>1402 Aubert Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>Walter A. Jackson Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-49</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-18-'1918</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Esther Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES U.S. Army</u>	16. SOCIAL SECURITY NO. <u>486-14-8986</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Esther Martin</u>	ADDRESS <u>6221 Spencer Pl.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
<p><i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>	<p>ANTECEDENT CAUSES</p> <p>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Pancreatitis</u></p> <p>DUE TO (c) <u>Internal Hemorrhage</u></p>		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None 176</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None 15870</u>
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2. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased (alive) _____, 19____, and that death occurred at 12:25 m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Registrar</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>10/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>10.12.1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 11 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pascoe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Gardner</u> ADDRESS <u>3505 Franklin</u>
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FOR INK—MAKE A PERMANENT RECORD

NOV 8 1949

Emb report to Cert file

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.