

2
4-41
7-39
K26390

DEC 22 1941 791 |

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: **Saint Mary's Infirmary**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Edward Jackson**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 2

5. Color or race **Negro**

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 **Unknown**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Abt.	47			hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Mose Jackson**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. Choteau**

(b) Address **4943 Laclede Avenue**

17. (a) **burial** (b) Date thereof **11/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **father Jackson**

18. (a) Signature of funeral director **Thos. J. Walker**

(b) Address **410 1/2 4232 3/4 Linney**

19. (a) **NOV 25 1941** (b) **J. F. Bredich**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2939 Olive (near)** 'U'
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **23rd**
year **1941** hour **4** minute **04** a. M.

21. I hereby certify that I attended the deceased from **July**
8, 19**41** to **November 23rd**, 19**41**
that I last saw h. **im** alive on **November**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Luetic Heart disease

Duration **abt. 15 yr.**

Due to **Nephritis**

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to 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? _____

While at work _____
(Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **6639 Virginia Avenue** Date **11/24/41**

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

STATEMENT BY LICENSED EMBALMER

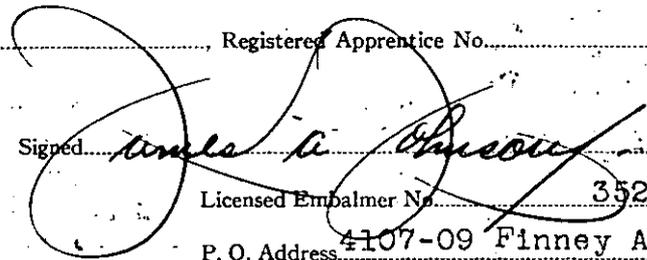
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Arthur Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

3522

P. O. Address 4107-09 Finney Ave.

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.