

FILED NOV 16 1943 18

1003

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution Home Phillips Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 18 years  
years, months or days (Specify whether)

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. 1904 Carr st  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Williams Jackson

3. (b) If veteran, name war Worlds War no. 1

3. (c) Social Security No. none

4. Sex M 2. Color or race C

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Alice Jackson

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Aug 4 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 2 28 hr. .... min.

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

10. Usual occupation Laborer

11. Industry or business .....

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles Sumner

(b) Address 1904 a Carr st

17. (a) Burial (b) Date thereof Nov 5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton

19. (a) NOV 6 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1943 hour 10 minute 00 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.

Immediate cause of death.....

Coronary Thrombosis

Due to frederick

Due to 9/4

Other conditions (include pregnancy within 3 months of death) 11/4

Major findings: Of operations.....

Of autopsy.....

Duration

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)  
to means of injury.....

23. Signature Clifford (M. D. or other).....  
Address Clifford Date signed 11/4/42

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

1943

48

**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 me  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Glenn J. Young  
.....  
Licensed Embalmer No. 3371  
.....  
P. O. Address St. Louis  
.....

**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.**