V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8826

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2701 Dickson St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2701 Dickson
(If rural, give location)

(e) Citizen of foreign country? Born & Rand N.S. ~~(Yes or No)~~

If yes, name country

3. (a) PRINT FULL NAME Mrs. Charity Jackson-Williams.

3. (b) If veteran, name war none

3. (c) Social Security No. ?

4. Sex Female 3

5. Color or race Colored

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

6. (b) Name of husband or wife George Williams

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

7. Birth date of deceased Feb (Month) 14 (Day) 1889 (Year) Mississippi.

8. AGE: Years 55 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Domestic Duties,

11. Industry or business House-keeping,

FATHER
12. Name Sam Jackson,
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Blackman,
15. Birthplace Kentuckey, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Wilson
(b) Address 2701 Dickson, St, StLouis, Mo.

17. (a) Ship-Via Rail (Burial, cremation, or removal) (b) Date thereof 10/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Miss.

18. (a) Signature of funeral director R. C. Houston Jr
(b) Address 2812 Thomas, StLouis, (6) MO.

19. (a) OCT 18 1944 (Date received local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Oct year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 9th, 1944, to Oct 16th, 1944, that I last saw her alive on Oct 16th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficiency	2 months
Due to	
Due to	
Other conditions Paralysis left Side (Include pregnancy within 3 months of death)	3 months

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

23. Signature J. T. Aldrich (M. D. or other)
Address 2605 a Franklin ave Date signed Nov 16 44

(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 .....

Myself ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed R C Houston Jr

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, Ct.

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.