

Registration District No. 377

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Berkewood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1202 N. Big Bend Rd
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Viola A. Jackson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race A. 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Richard Jackson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 21 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Beatty
 13. Birthplace St. Louis Mo.
(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 Richard Jackson
 (b) Address 1202 N. Big Bend Rd

17. (a) Burial (b) Date thereof 1-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director William H. Beatty

(b) Address Berkewood Mo.

19. (a) 1-8-47 (b) Victor Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town Berkewood
(If outside city or town limits, write "RURAL")
 (d) Street No. 1202 N. Big Bend Rd
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
 year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12/4 1943, to 1/5 1947,
 that I last saw her alive on 1/4 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration 4 years
 Due to Arterial hypertension 4 years
 Due to 93%
 Other conditions: Elevated temperature 3 weeks
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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 Walter M. Jones (M. D. or other) _____
 Address 500 N. Highway Rd Date signed 1/6/47

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

6
4
3

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

Peter B. Dubrouille

Licensed Embalmer No.

3691

P. O. Address

Richmond Heights, Mo.

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.