SEP 15 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

32526

File No.

Registered No. 8357

1. PLACE OF DEATH

County

Registration District No. 1003

Township

Primary Registration District No.

City St. Louis (No. En Route to Hosp #2 St. Ward)

2. FULL NAME John Jackson

(a) Residence, No. 2914 Delmar St., Bl 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 1891

7. AGE: Years: Oct 45 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Harold Sholz, Dep. Cor. Coroners Court Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE: City Cemetery DATE: 8-12-1936

19. UNDERTAKER (ADDRESS): Wm C. McDowell 3706 Franklin Ave

20. AUG 12 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4/4 m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Gunshot wound of Heart, caused by bullet fired from gun in the Hands of one Private Watchman F. Cleaver at 23rd & Pine St. about 4:00 A.M. Aug 2, 1936.

Other contributory causes of importance:

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Justifiable Homicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/2, 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Gun - see above.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harold Dyer M.D.

(Address) Dr. Dyer

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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