MAR 4 1940
No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12443

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 451

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

1. PLACE OF DEATH:

(a) County Saint Louis County

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

(c) Name of hospital or institution: North & South Road & Ahern Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days) 250

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL")

(d) Street No. 1124 Wilshire Av. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard Lawrence Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 2nd (Day) 1931 (Year)

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

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name L. J. Jackson
13. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Corelle Schmidt
15. Birthplace Jefferson City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. M. Eggerman

(b) Address 7724 Ahern Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. A. Bell

(b) Address 4452 Washington Bl.

19. (a) MAR 4 - 1940 (Date received local registrar) (b) D. R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1940 hour 9 minute 55 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.

	Duration
Immediate cause of death Auto - Truck accident. Struck by a truck while riding on a "Scooter" on a public highway.	3/2/40
Due to Cpd Fracture of the Skull	3/2/40
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 210 m
Of autopsy 0

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) Accident

(b) Date of occurrence March 2, 1940

(c) Where did injury occur? University City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury Struck by auto

23. Signature John D. Lomelli (M. D. or other)

Address Forrester St. Louis Date signed 3/4/40

(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.....

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

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.