

FILED FEB 24 1942

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 237

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:  
ST. ANTHONY HOSP.  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1512 CENTRAL AV.  
(If rural, give location)

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

3. (a) PRINT FULL NAME RICHARD B. JACKSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9  
year 1942 hour 5 minute \_\_\_\_\_ P. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CATHERINE

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased: JULY 6 1910  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 30-1941  
\_\_\_\_\_ 19\_\_\_\_ to June 7 1942  
that I last saw him alive on Jan 9 1942  
and that death occurred on the date and hour stated above.

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

31 6 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death:  
Acute Myocarditis 12/30/41  
Duration

9. Birthplace: ST. LOUIS MO  
(City, town, or county) (State or foreign country)

Due to: Empyema of right lung date known  
with from pneumonia

Due to: Nephritis, acute date  
not from Ch. Nephritis

10. Usual occupation: STATIONARY ENGINEER

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business: CITY

Major findings:  
Of operations: \_\_\_\_\_

Of autopsy: as above 1316

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name: WILLIAM JACKSON

13. Birthplace: PIXON MO  
(City, town, or county) (State or foreign country)

14. Maiden name: MAUD DOYNE

15. Birthplace: SULLIVAN MO  
(City, town, or county) (State or foreign country)

16. (a) Informant: WILLIAM JACKSON

(b) Address: R. 2 DESOTA, MO

17. (a) BURIAL (b) Date thereof: 1/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mathew Csm.

18. (a) Signature of funeral director: J. P. Fendley Jr.

(b) Address: 7125 Michigan, St.

19. (a) JAN 11 1942 (b) J. F. Redeker  
(Date received local registrar's certificate) (Registrar's signature)

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. M. Corville (M. D. or other) M.D.  
Address: 5005 1/2 Grand Date signed: 1/9/42

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

X26390  
066

FEB 26 1934

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**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.....

*Dr. P. Fendler*

Licensed Embalmer No.....

*925*

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.**