

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43739

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10974**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. TOWN _____		d. STREET ADDRESS (If rural, give location) <i>815 N. Jefferson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Enroute to Homeo Phillips Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Lonnie</i> b. (Middle) _____ c. (Last) <i>Jackson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12 - 19 - 1950</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>7 - 4 - 1926</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <i>24 - - - -</i>
11. BIRTHPLACE (State or foreign country) <i>Aliceville, Alabama</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>	

13a. FATHER'S NAME <i>Frank Jackson</i>	13b. MOTHER'S MAIDEN NAME <i>Fannie Watson</i>	14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>	16. SOCIAL SECURITY NO. <i>419-26-0063</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Jimmie B. Jones, 535 E. 35th Kinloch</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot Wound of Spine</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Card</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Reflected lead from the body of one killed</i>		
	DUE TO (c) <i>Shot in the back</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>802 N. Jefferson Ave. Ansonia 12150 in Dec 1950</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Home</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis MO</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>12-19-50 12:30</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Shooting</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *12:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Edwin E. Taylor</i>	(Degree or title) <i>3</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>12/23/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>12-23-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>
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DATE REC'D BY LOCAL REG. <i>DEC 23 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Hasler</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jackson Funeral Home 2649 Delmar</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Levan E. Woodson

Licensed Embalmer No. *4341*

P. O. Address *Wrenn 13 NW*

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.