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FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21580

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2585

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ohio</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Cincinnati</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. Marine Hospital, Kirkwood</b>		d. STREET ADDRESS (If rural, give location) <b>40 West 7th St.</b>	

3. NAME OF DECEASED a. (First) <b>Richard</b> (Type or Print)			b. (Middle) <b>Norman</b>			c. (Last) <b>Jackson</b>			4. DATE OF DEATH (Month) <b>July</b> (Day) <b>3rd</b> (Year) <b>1951</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June 26, 1880</b>			9. AGE (In years last birthday) <b>71</b>		10. CITIZENSHIP (If other than U.S. citizen, give country) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNKNOWN</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>unemployed</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			

13a. FATHER'S NAME <b>Godfrey Jackson</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Taylor</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>107-10-0522</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Clinical records of U.S. Marine Hospital, Kirkwood, Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition</b>				<b>4200</b> <b>4 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from July, 1950, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 10:20 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Stimson, Sr. Surg.</b>		23b. ADDRESS <b>U.S. Marine Hospital, Kirkwood, Mo</b>		23c. DATE SIGNED <b>7-5-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/6/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON'S CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO.</b>	
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DATE REC'D BY LOCAL REG. <b>7-6-51</b>		REGISTRAR'S SIGNATURE <b>Robert C. Jombke</b>		FUNERAL DIRECTOR'S SIGNATURE <b>MEYER PEITZINGER</b>		ADDRESS <b>KIRKWOOD</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William H. Ostryger*

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.