

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28376**  
**7584**

FILED SEP 1 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7584</b>	
1. PLACE OF DEATH a. COUNTY <b>MO</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4256<sup>a</sup> LEE AVE</b>				d. STREET ADDRESS (If rural, give location) <b>4256<sup>a</sup> LEE AVE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RALPH</b> b. (Middle) <b>L.</b> c. (Last) <b>JACKSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 25-1951</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>SEPT. 6-1889</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRINTER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>GLOBE DEMOCRAT</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>MO</b>
13a. FATHER'S NAME <b>JOSEPH A. JACKSON</b>			13b. MOTHER'S MAIDEN NAME <b>KATE GAYNOR</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Norma Jackson</b>			
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>Myocarditis</b>  ANTECEDENT CAUSES <b>Coronary Artery Disease of the Liver</b> Morbid 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.  INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>			
22. I hereby certify that I attended the deceased from <b>19</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:45 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8.27.51.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG 28-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>		
DATE REGD BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 2 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D. K.P.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>L. Muller</b>		ADDRESS <b>Co. 5165 DELMAR</b>	

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

*Ronald O. Yohnke*

Licensed Embalmer No. *3917*

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.