

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35203
8723

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>8723</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St Louis</u> b. COUNTY _____			
b. CITY (if outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (if outside corporate limits, write RURAL and give township) <u>St Louis, Mo</u>		TOWN <u>2229</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp # 2</u>				d. STREET ADDRESS (If rural, give location) <u>1305 Armstrong</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) _____		c. (Last) <u>JACKSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 51</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>Colo</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Yes</u>		8. DATE OF BIRTH <u>9-1-1911</u>	
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>23</u>		IF UNDER 24 HRS. Hours <u>23</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>America</u>		14. NAME OF HUSBAND OR WIFE <u>Evera Jackson</u>	
13a. FATHER'S NAME <u>Ike Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Evera Jackson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. <u>307-03-2886</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evera Jackson - 1305 Armstrong</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunsnot wound of skull and brain suffered when shot with gun in the hands of one Gloria Ginn (Col.) in doorway of Cafe 2800 Locust Str. around 9:30 P.M., Sept. 29, 1951. HOMICIDE</u>					
		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 (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>St Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 29 5:45 pm</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E981X</u>			
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 <u>9:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul M. Smith</u>				23b. ADDRESS <u>1305 Clark</u>		23c. DATE SIGNED <u>10/1/51</u>	
23d. BURIAL, CREMATION, REMOVAL (Specify) _____		23e. DATE <u>Oct 5 1951</u>		23f. NAME OF CEMETERY OR CREMATORY <u>Moreau Ave</u>		23g. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Oct 3 1951</u>		REGISTRAR'S SIGNATURE <u>Paul M. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Jordan</u>		ADDRESS <u>3756 80th</u>	

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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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 44441

P. O. Address 2829 Washington

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.