

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

6497

State File No. ....

FILED FEB 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1129

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived; If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place) <u>5 mos 27 ds</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHILDREN'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1755 CARVER LANE</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>JACKSON</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2 1 1952</u>
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>C</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>single</u>	<b>8. DATE OF BIRTH</b> <u>10-13-1947</u>
<b>9. AGE</b> (In years last birthday) <u>4</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	<b>11. BIRTHPLACE</b> (State or foreign country) <u>MISSOURI</u>
<b>10a.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>CORNELIUS JACKSON</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>PECOLA COTTON</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>ST. LOUIS CHILDREN'S HOSPITAL</u>	<b>17. ADDRESS</b> <u>500 S. KINGS HIGHWAY</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Tuberculous Meningitis</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>010X</u>
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**22. I hereby certify that I attended the deceased from 7-5, 1951, to 2-1, 1952; that I last saw the deceased alive on 2-1, 1952, and that death occurred at 6:55 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Dr. R. Thurston</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Children's Hospital</u>	<b>23c. DATE SIGNED</b> <u>2-1-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>2/6/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Washington Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>FEB 5 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith MO</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Atkins Bros. Und. Co.</u>	<b>ADDRESS</b> <u>3644 Finney</u>
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m y B (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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed..... *John K. Cunningham*  
Licensed Embalmer No..... 4476

P. O. Address..... 4109 Finney Avenue

**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.