

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18924

State File No. _____

FILED MAY 27 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1288

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| 1. PLACE OF DEATH a. COUNTY <u>W St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Kinloch</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Kinloch</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 Jefferson</u> | | d. STREET ADDRESS (If rural, give location) <u>111 Jefferson</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u> b. (Middle) _____ c. (Last) <u>Jackson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1952</u> |
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|--------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 7, 1886</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Charles Jackson</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruth Jackson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Jackson</u> | ADDRESS <u>111 Jefferson</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6-16-51</u> <u>1945</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 6-16-51, 1951, to 5-11-52, 1952, that I last saw the deceased alive on 5-16-52, 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Ray Johnson M.D.</u> (Degree or title) | 23b. ADDRESS <u>Jefferson Mo</u> | 23c. DATE SIGNED <u>5-14-52</u> |
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| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5/17/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>5-16-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke H.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkins Bros. Und. Co.</u> | ADDRESS <u>3644 Finney</u> |
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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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.