

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43988

State File No.

FILED JAN 8 - 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3322

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>CLAYTON MO</u>		c. CITY OR TOWN <u>Webster Groves MO 4594</u>	
c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>804 EMMA 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>L</u> c. (Last) <u>JACKSON JR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>25 DEC 52</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>31 JULY 1924</u>
9. AGE (In years last birthday) <u>27</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PORTER</u>	
11. BIRTHPLACE (State or foreign country) <u>PACIFIC MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert L. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>MELZIE CASEY</u>	
14. NAME OF HUSBAND OR WIFE <u>MELZIE JACKSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>22 May 43 - 8 Dec 45</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MELZIE JACKSON</u>		ADDRESS: <u>804 Emma</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage and shock- the result of a gunshot wound, when he was shot by Deputy Sheriff Willis Corbett in the performance of his duty, while the deceased was resisting arrest in the Rainbow Club in Webster Groves.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES 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. <u>in the Rainbow Club in Webster Groves.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>984x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Justifiable homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>lavern</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/25/52 3 A. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Shot by officer while resisting arrest.</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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>3</u> Coroner		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>12/31/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>31 Dec 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-29-52</u>		REGISTRAR'S SIGNATURE <u>Norbert R. Donahue</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Residence</u>		ADDRESS <u>138 Eldridge</u>	

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Frederic J. Vandell

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge
Wester Grove, 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.