WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10542

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2530

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Jessie Wease

(a) Residence. No. 3807 Russell Ave. St., Ward 17
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Wease.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12-1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27.	2.	28.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Toledo
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER J. L. Guisebert.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Blanche Tornell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)

14. INFORMANT J. L. Guisebert
(Address) 3929 Lilburn Ave.

15. FILED 12, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1930

17. No Physician in Attendance

I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fuel Gas Poisoning self-administered at residence 164A

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Suicide.

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Kerner M.D.

3/11, 1930 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Beaverton Mich	3/15 1930

20. UNDERTAKER	ADDRESS
C. R. Lipton	Street Olive #4449