

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

Do not use this space.

35126

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis (No. 5800, Armed)

Registration District No. DI
Primary Registration District No. W17

File No. _____
Registered No. 9340
St. _____ Ward _____

2. FULL NAME Flarence W. Jessup

(a) Residence, No. 5800 Armed St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31st 1847</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>1</u>
	DAYS <u>25</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>X</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

13. NAME Pauline Skinner

14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

15. MAIDEN NAME Charlotte Eaton

16. BIRTHPLACE (CITY OR TOWN) Massachusetts
(STATE OR COUNTRY)

17. INFORMANT J. Jordan
(ADDRESS) 5800 Armed

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE Oct 30 1933

19. UNDERTAKER (ADDRESS) 5800 Armed St.

20. FILED OCT 30 1933 J. H. Baedek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1933, to Oct 26th 1933

I last saw h. E.R. alive on Oct 26th 1933 Death is said to have occurred on the date stated above, at 10:15 pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Spontaneous
Bronchopneumonia

Oct 19

Name of operation X Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Weisman, M. D.

(Address) Doel Hosp.

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.

NOV 10 1933

