

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

✓
Do not use this space
32-1117

1. PLACE OF DEATH: **Homer G Phillips** Registration District No. **791**
 (a) County Primary Registration District No. **1003** Registered No. **8651**
 (b) Township
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **5** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Jesse Jelks**
 (a) Residence, No. **1039 N Sarah** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 25, 1916**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 0 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 12 19 37**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 7 19 37** to **Sept. 12 19 37**
 I last saw him alive on **Sept. 12 19 37**. Death is said to have occurred on the date stated above, at **11:30 m. p.m.**
 The principal cause of death and related causes of importance were as follows:

Peritonitis; ruptured sigmoid (Date of onset **9/7/37**)
accident - sigmoid ruptured with dilatation return
 Other contributory causes of importance: **1943**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana Shreveport, Louisiana**
 FATHER 13. NAME **Eugene Jelks**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**
 MOTHER 15. MAIDEN NAME **Lizzy Jelks**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Shreveport, La.** DATE **9-15-37**
E. E. GARNER - UNDERTAKING CO.

Manner of injury
 Nature of injury

19. FUNERAL DIRECTOR (ADDRESS) **2829 Washington Park**

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) **J. M. D.**
 (Address) **2601 N Whittier**

20. FILED **1937** **Brebeck** Local Registrar.

SEP 15 1937

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

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)

Not to be re-issued. Exact statement of OCCASIONAL is not to be re-issued. ACR should be signed BY A LICENSED EMBALMER or PHYSICIAN reporting a

**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Homer G. Phillips Hosp) St. Ward

File No. 32597
 Registered No. 8651

2. FULL NAME

Jessie Jelks
 (a) Residence No. 1039 N. Sarah St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D (write the word)

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER MOTHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 11/18 1937

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1937

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

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Britonitis; ruptured sigmoid - Accident.
Sigmoid punctured with dilator of Rectum.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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?

If so, specify

(Signed) J. Walker Jr. M. D.

(Address) 2601 N. Whittier

Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact sex of decedent is very important.

S-32597