JAN 10 1938

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

Do not use this space.

43850

791

1003

File No.

Registered No. 12100

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. ISOLATION HOSP. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Jewel Jameson

(a) Residence, No. Charter Oak, Mo. St., NR Ward.
(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: Female

4. COLOR OR RACE: White

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) Unknown

7. AGE: abt YEARS 4 yrs MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

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) Charter Oak Missouri

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Missouri

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Missouri

17. INFORMANT (ADDRESS) A. Lane 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Charter Oak Mo. DATE Dec. 28 1937

19. UNDERTAKER (ADDRESS) Thomas J. Finan 1515 South Grand Boulevard

20. FILED DEC 30 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1937, 19..., to Dec. 24, 1937, 19...

I last saw her alive on Dec. 24, 1937, 19... Death is said to have occurred on the date stated above, at 12.55 A.M.

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

	Date of onset
Tuberculosis of Spine	?
" of Lungs	?
Otitis Media	?
Measles	12-22
Bronchopneumonia	12-23

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical 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, 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) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal

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

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I have embalmed the body of Jewel Jamison according to the Mo state law for shipment

John T. Fetter
LE 3880

1:21 00

1:21 00