

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

Do not use this space.

REC'D JUN 9 1938

1003

16380

1. PLACE OF DEATH

County: ..... Registration District No. ....  
Township: ..... Primary Registration District No. ....  
City: St. Louis (No. St. Louis Children's Hospital Ward) 6

File No. ....  
Registered No. 4241

2. FULL NAME

Jessie Washburn  
(a) Residence, No. 1218 No. 8th St. 25 Ward. (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) St. Louis, Mo.

13. NAME Jessie

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

15. MAIDEN NAME Lucille Darr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) St. Blum

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunsmuir Burial Pl. DATE 5-9 1938

19. UNDERTAKER (ADDRESS) Perks Bros.  
3027 St. Charles

20. FILED MAY 9 1938 J. D. Medick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6/38

22. I HEREBY CERTIFY, That I attended deceased from 5/4/38 to 5/6/38

I last saw him alive on 5/6/38 Death is said to have occurred on the date stated above, at 10:55 am

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

Streptococcus Septicemia Date of onset 5/4/38  
(Secondary to strep throat non aseptic)

Other contributory causes of importance:  
Strep. Peritonitis  
Streptococic sore throat

Name of operation ..... Date of .....  
What test confirmed diagnosis? Blood culture Was there an autopsy? yes

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 Ralph N. Barlow, M. D.  
(Signed) 500 S. Kingshighway  
(Address)

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.

*Reith (Baker)*  
*500 B. Campbell St.*

I *Frank J. Owen* Licensed Embalmer No. *2245*  
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 *Frank J. Owen*  
Licensed Embalmer No. *2245*