

REC'D SEP 14 1939

791
1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

7268

1. PLACE OF DEATH:

(a) County 1827th Carr St
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1827 R Carr St. 7
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Jessie Williams 452

8. (b) If veteran name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 30 1885
(Month) (Day) (Year)8. AGE: Years 54 Months 1 Days 20 If less than one day _____ hr. _____ min.9. Birthplace Jessie Bill Mo
(City, town, or county) (State or foreign country)10. Usual occupation House Work

11. Industry or business _____

12. Name Russell, unknown13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Luecia Clark15. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Blair W. Patton(b) Address 1827th Carr St. Near17. (a) Burial (b) Date thereof 8-23-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director A. G. Burk(b) Address 14-19 S. 3rd St.19. (a) AUG 22 1939 (b) J. B. Braddock
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis [21]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1827th Carr St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day aug
year 1939 hour _____ minute 78 M.21. I hereby certify that I attended the deceased from Aug. 20 1939 to Aug 21 1939
that I last saw her alive on Aug 20 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute death - embolus
acute myo-infarct
due to eating hot food
after long period of
prisoning
 Due to Rheumatism

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Braddock (M. D. or other) _____Address 9234th Jefferson Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis V. Atkins

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Fannery*

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.)

If this body is not embalmed, above space should be left blank.