

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.

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11207

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3845 Folsom Ave. 2  
(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)

3. (a) PRINT FULL NAME Anna T. Jester. 236

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed.

6. (b) Name of husband or wife. Alfred W. Jester. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. April 28th, 1855.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	8	3	_____ hr. _____ min.

9. Birthplace. Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation. At Home 1

11. Industry or business \_\_\_\_\_

12. Name. John Adams 1

13. Birthplace. Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace. Unknown Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Algarret Mae Jester  
 (b) Address 3845 Folsom Ave.

17. (a) Burial (b) Date thereof. Jan. 3rd, 40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2628 Cherokee Street.

19. DEC 31 1939 (b) J.F. Rydeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1  
 (c) City or town Saint Louis, 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3845 Folsom Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st.  
 year 1939. hour 1 minute 20 AM.

21. I hereby certify that I attended the deceased from Dec 15<sup>th</sup>  
Dec 29, 1939 to Dec 31, 1939

that I last saw 21 alive on Dec 31, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 2 days Duration

Due to Interstitial Nephritis,  
chronic

Due to \_\_\_\_\_

Other conditions None. Paralyzed, etc.  
(Include pregnancy within 3 months of death)

Major findings: None 131

Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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?  
Home

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature W. L. Stewart (M. D. or other) \_\_\_\_\_

Address 3833 Folsom Date signed 1/1/40

**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.....

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

working under my personal supervision.

Signed *V. E. Morris*

Licensed Embalmer No. 3360

P. O. Address 2623 Cherok

**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.**