

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.

DEC 6 1939

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 2137

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9805 Luna ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 9805 Luna ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Perry Jaycox 220

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1939 hour 1 minute 20 a. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Jaycox

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November 1 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-15-39, 19____, to 12-5-39, 19____;
that I last saw him alive on 12-5-39, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
5 Yr
Duration

8. AGE: Years Months Days If less than one day

37 1 4 _____ hr. _____ min.

Due to _____

Due to _____

Other conditions 23
(Include pregnancy within 3 months of death)

9. Birthplace Monterey Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Unemployed

MOTHER FATHER { 12. Name Charles Jaycox

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rose Fitzgerald

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

Major findings:
Of operations _____

Of autopsy Not done.

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Alice Jaycox

(b) Address 9805 Luna ave.

17. (a) Burial (b) Date thereof Dec. 9, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleview, Missouri

18. (a) Signature of funeral director Chaffin & Co.

(b) Address 7814 S. Broadway

19. (a) DEC 6 1939 (b) A. R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) None

(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 A. J. Steiner M.D. (M. D. or other) _____
Address 1116 Lemay Ferry Rd. Date signed _____
St. Louis County 12-5-39

1331
Telegraph Rd

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

Linus C. Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S. Broad

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.