DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23351

Registration District No. 0 AUG 25 1940 791

Primary Registration District No. 1003

Registrar's No. 5796

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 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 1420 Pendleton years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 1420 N. Pendleton (If rural, give location)

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

3. (a) PRINT FULL NAME BEHIE WASHINGTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE.

5. Color or race Col.

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

6. (b) Name of husband or wife GEORGE WASHINGTON

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased 3 (Month) 3 (Day) 1851 (Year)

8. AGE: Years 89 Months 4 Days 3 If less than one day hr. min.

9. Birthplace BURKEVILL (City, town, or county) VA. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name ANTHONY JETTER
13. Birthplace BURKEVILLE (City, town, or county) VA. (State or foreign country)

MOTHER
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) VA. (State or foreign country)

16. (a) Informant's own signature J. A. Jeter

(b) Address 4414 Enright ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-10-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director G. W. Bruce

(b) Address 1003 N Garrison Ave

19. (a) JUL 9 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1940 hour 9:20 minute A M.

21. I hereby certify that I attended the deceased from April 17, 1940, to July 6, 1940 that I last saw her alive on June 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chronic	3 years
Due to: Undetermined	
Hemiplegia left	
Due to: Hypertension	
probably due to cerebral	
Other conditions: hemorrhage (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul B. Nemours (M. D. or other)

Address 820 N. Grand Blvd M.D. Date signed July 8, 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

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 William O. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 214

P. O. Address .....

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.