

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital, #1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Days**
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Jennie French**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W**

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

6. (b) Name of husband or wife **Ira French**

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

7. Birth date of deceased **July 15 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **0** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Alnutt**

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

14. Maiden name **Alice Smith**

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

16. (a) Informant **Kathleen Ware**

(b) Address **4935 Claxton**

17. (a) **burial** (b) Date thereof **9-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave**

19. (a) **SEP 16 1940** (b) *J.P. Braddock*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

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

(d) Street No. **4935 Claxton**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **15**, year **1940** hour **10:55** minute _____ A. M.

21. I hereby certify that I attended the deceased from **September 3**, 19**40**, to **September 15**, 19**40**, that I last saw him **ex** alive on **September 15**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Intermittent Abant Nisera**

Due to **chronic myocarditis**

Due to **Nephrosclerosis**

Other conditions **(include pregnancy within 3 months of death)**

Major findings: Of operations _____

Of autopsy **As above**

Duration _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **James T. Murphy** (M. D. or other) _____

Address **1515 Lafayette Ave** Date signed **9-16-40**

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

Em Blank Signed At

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.....

Licensed Embalmer No.....

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, fact should be so stated above.