

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4502**
Registrar's No. **1530**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(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 Mary Elizabeth Jarrett

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas M. Jarrett 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March 1st, 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Russellville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER
12. Name Unavailable Watkins
13. Birthplace Unavailable Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Paralee Unavailable
15. Birthplace Unavailable Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas M. Jarrett

(b) Address 4323 West Belle Pl.

17. (a) Removal (b) Date thereof 2-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tennessee

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) FEB 19 1942 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11 600
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15
(d) Street No. 4323 West Belle Pl. (If rural, give location) 6
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th.
year 1942 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 1937 to February 16 42.
that I last saw her alive on February 16th. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration _____

Due to Rheumatic heart disease

Due to _____

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

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN AS
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) (e) Means of injury ?

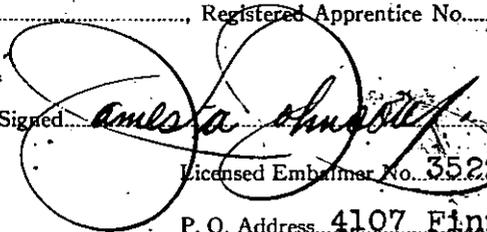
23. Signature A. L. Gaskin (M. D. or other) MD
Address 3903 Olive St. Date signed 2-17-42

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

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.....
.....**James A. Johnson**....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Ave.**

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.