

FILED MAY 28 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:  
2625 Virginia Ave.  
(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)

2. USUAL RESIDENCE (OF DECEASED):

(a) State Mo. (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2625 Virginia Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie Saxton

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife George Saxton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 23rd 1853  
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace London England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework retired at home

MOTHER FATHER

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

12. Name Nicholas Hunn

13. Birthplace London England  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Peters

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

16. (a) Informant Mrs. Margaret Walker

(b) Address 2625 Virginia Ave.

17. (a) Burial (b) Date thereof 5-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar  
(b) Address 4228 So. Kingshighway Blvd.  
19. (a) MAY 14 1942 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1942 hour 1:30 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from May 8-42  
to May 13-42 19 42

that I last saw her alive on May-13th 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
open senility  
Chronic - Arteritis  
arterio-sclerosis  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Not made.

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? \_\_\_\_\_

23. Signature D. G. D. Doud (M. D. or other) \_\_\_\_\_  
Address 2918 So Kingshighway signed 5/14/42

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

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17  
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**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 Reinhold G. Lehmann  
Licensed Embalmer No. 3395  
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.**