

ED MAY 14 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4268

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:
4209 Iowa Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 915
(d) Street No. 4209 Iowa Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth R. Jimerson

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 Widow

6. (b) Name of husband or wife Charles H. Jimerson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 3, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>2</u>	hr. _____ min.

9. Birthplace East St. Louis Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
12. Name John Williamson
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Stark
15. Birthplace Unknown W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry W. Nickels

(b) Address 4233 Iowa Ave

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

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 7 1943 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5,
year 1943 hour 4:35 PM 3/28/43

21. I hereby certify that I attended the deceased from _____, 19____, to 5-5-43, 19____;
that I last saw her alive on 5-5-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis?

Due to _____

Due to _____

Other conditions Penicillin 9/3
(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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature Joseph L. Jones (M. D. or vet.)

Address 406 S. So Grand Date signed 5/7/43

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *St Louis Mo*

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.