No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1943

Registration District No. 318 Primary Registration District No. 1003

State File No. 33563

Registrar's No. 9265

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

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: 1310 N. Leffingwell (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 1310 N. Leffingwell (If rural, give location)

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

3. (a) PRINT FULL NAME Jessie Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 10 (Day) 1893 (Year)

8. AGE: Years 50 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Tulua (City, town, or county) Lail (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Amce Laundry Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lennie Mae Baldwin

(b) Address 2724 Dickson St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) OCT 21 1943 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Oct year 1943 hour minute 7 A.M.

21. I hereby certify that I attended the deceased from Aug 22, 1943, to Oct 16, 1943 that I last saw her alive on Oct 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Mental Insufficiency

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1005 N Leffingwell Date signed Oct 19 43

707 (Licensed Embalmer's Statement on Reverse Side)

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 Myself, Lonnie Baykin, Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Baykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.