V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43761

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2810

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Old People's Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1Y 5M 19D (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jennie Little
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 Little
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 30, 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Robb Station (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name William Clouse
13. Birthplace White County (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Mary Jane Williams
15. Birthplace Lancaster (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mary E. Craig
(b) Address 6600 Washington Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) DEC 18 1943 (Date received local registrar) (b) E. G. McGovran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16, 1943
year 3 hour 00 minute P M.
21. I hereby certify that I attended the deceased from Oct 1, 1943, to Dec. 16, 1943;
that I last saw her alive on Dec. 15, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Lesion of heart	7.
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	1

Major findings:
Of operations
Of autopsy 92 [illegible]

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 [illegible] (M. D. ~~or other~~)
Address 607 N. Grand Av. Date signed 12-12-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Ogonoski

Licensed Embalmer No. 3398

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.