

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5298
Registrar's No. 1646

2432
FILED MAR 6 1944
318
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Mo.
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution, 7 Mos., 6 days
In this community, 1 year 5 Months 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 7811a N. Broadway 98
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Wanda Marie Jett
(b) If veteran, none
(c) Social Security none
name, war No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17th
year 1944 hour 6:50 minute P. M.
21. I hereby certify that I attended the deceased from July 11th
1943 to Feb. 17th 1944
that I last saw her alive on Feb. 17th 1944
and that death occurred on the date and hour stated above.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 12th. 1942
(Month) (Day) (Year)

Immediate cause of death
Influenzal Meningitis
Due to Influenzal Bacillus
Other conditions
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
1 5 5 hr. min.

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

10. Usual occupation none
11. Industry or business
12. Name Elvert Jett
13. Birthplace Owensville Mo.
14. Maiden name Mabel McGuire
15. Birthplace Freeburg Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Elvert Jett
(b) Address 7811a N. Broadway
17. (a) Burial Friedens. Cemetery
(b) Date thereof 2-19-44
(c) Place: burial or cremation.
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2225 St. Louis Ave.
19. (a) FEB 19 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature W. Klingberg (M, D, or other)
Address 1515 Lafayette Date signed 2/18/44

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

MOTHER FATHER

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 P. Buckley
.....
Licensed Embalmer No. *1674*

P. O. Address *2223 S. Shore 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.