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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29841

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8084

1. PLACE OF DEATH:

(a) County: City Hospital

(b) City or town: St Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: city hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 5 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

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

(d) Street No.: 1402 dodier
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Jane Francine Ralston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: March 2, 1944 (Month) (Day) (Year)

8. AGE: Years | Months: 6 | Days: 18 | If less than one day hr. min.

9. Birthplace: Murphysboro, Illonois 1
(City, town, or county) (State or foreign country)

10. Usual occupation: nil

11. Industry or business

MOTHER FATHER

12. Name: 9

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

14. Maiden name: Ruth Ralston

15. Birthplace: Corn, Illonois 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Ruth Ralston

(b) Address: 1402 dodier St louis

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

(c) Place: burial or cremation: Murphysboro, Ill.

18. (a) Signature of funeral director: Meyer Funeral Home

(b) Address: Murphysboro Ill.

19. (a) SEP 21 1944 (Date received local registrar) (b) J. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1944 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia primary	
Due to:	
Due to: 107	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature: Alfred Perry (M. D. or other)

Address: Murphysboro Date signed 9/21/44

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

(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 Howard P. Rowland

Licensed Embalmer No. 2174

P. O. Address St Louis

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.