

FILED NOV 22 1944
Registration District No. **318**

Primary Registration District No. **1003**

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: **City Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Months**
(Specify whether _____)

In this community _____
years, months or days

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. **6446 Wise Ave**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jessie Duff**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **13**
year **1944** hour **10** minute **05** AM

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.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 27 1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **9** Days **16**
If less than one day _____ hr. _____ min.

Immediate cause of death **Carcinoma of Cervix** Duration _____
Fracture right femur when she fell from her bed at City Hosp.
11/13/44
10:05 AM
exact time not known

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace **Linn Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **William Bish**

13. Birthplace **Dont Know Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Blair**

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

16. (a) Informant **May Duff Swaney**

(b) Address **Sherman Mo.**

17. (a) **Burial** (b) Date thereof **11/16/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct. 27 1944**

(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

18. (a) Signature of funeral director **John H. Bohlen Sons**

(b) Address **2630 Gravois**

19. (a) **NOV 14 1944** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury **fall**

23. Signature **W. J. Perry** (M.D. or other)
Address _____ Date signed **11/14/44**

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

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..... *Robert F. Gebken*

Licensed Embalmer No. *4144*

P. O. Address..... *2630 Grovers*

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.