

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____ St. Louis

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
 Enroute to City Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____ 2 _____
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. 5232 Wren Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Jasper N. Little

3. (b) If veteran, Nil name war

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maggie Little

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 19 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	4	_____ hr. _____ min.

9. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Parking Lot Attendant

11. Industry or business _____

12. Name Benjamin Little

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

14. Maiden name Mary Laire

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

16. (a) Informant Mrs. J.N. Little

(b) Address 5232 Wren Ave.

17. (a) Removal (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 24 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
 year 1944 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 22 1944 to Nov 22 1944
 that I last saw him alive on Nov 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion
 Chronic Hypertension years

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

23. Signature J. P. Thompson (M. D. or other)
 Address 1439 San Francisco Date signed 11/23/44

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.....

W. Wilkiner
.....

Licensed Embalmer No..... *3575*

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.