

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

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:  
**4362 Easton ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **40 years** /

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. **4362 Easton ave**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SYLVESTER JASMINE**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **negro**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 5th 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60** **7** **25** hr. min.

9. Birthplace **Ste. Genevieve Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**  
11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **Charles Jasmine**  
13. Birthplace **Ste. Genevieve Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rose Keaton**  
15. Birthplace **Valley Mine Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose Jasmine**  
(b) Address **4362 Easton ave**

17. (a) **Burial** (b) Date thereof **1/4/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **C.W. Roberts**  
(b) Address **1416 North Taylor ave**

19. (a) **JAN 3 1945** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **30**  
year **1944** hour **8** minute **30** A.M.  
21. I hereby certify that I attended the deceased from **Dec 30**, 19**44**  
and that death occurred on the date and hour stated above.  
that I last saw him alive on **Dec 30**, 19**44**  
Immediate cause of death: **Chronic Interstitial nephritis**  
Duration **1 day**

Due to \_\_\_\_\_ 10 years  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **1/31**

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: **NO**  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Chas E. Burt** (M. D. or other) \_\_\_\_\_  
Address **4322A Easton** Date signed **1/2/45**

**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 *Fulton G. Culkin*.....

Licensed Embalmer No. *4198*.....

P. O. Address *1215 Jones St. Harris 13*.....

**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.**