

FILED JAN 20 1945  
Registration District No. 318

Primary Registration District No. 1003

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:  
3930<sup>9</sup> Enright Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 14 yrs. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 004  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9-19  
(d) Street No. 3930<sup>9</sup> Enright Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Julia Hester  
3. (b) If veteran, name war.....  
3. (c) Social Security No. None

4. Sex Female 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 15 years (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace Tennessee 1 state  
(City, town, or county) (State or foreign country)

10. Usual occupation COOK

11. Industry or business.....

12. Name John Haynes  
13. Birthplace Tennessee - State  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Haynes  
15. Birthplace Tennessee state  
(City, town, or county) (State or foreign country)

16. (a) Informant Lantis Curtis  
(b) Address 3930<sup>9</sup> Enright

17. (a) Burial (b) Date thereof 1-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Manuel  
(b) Address 4059 Finney Ave.

19. (a) JAN 9 1945 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1945 hour 3:45 minute P.M.

21. I hereby certify that I attended the deceased from Jan 27,  
1944 to Jan 5, 1945;  
that I last saw her alive on January 3, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Right Hemiplegia Duration 1 year

Due to General Arterio-sclerosis and Myocarditis chronic 2

Due to.....  
Other conditions Hypertension of 230 ?  
(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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature J. Louis Schmidt (M. D. or other).....  
Address 2201 Chestnut St. Date signed 1-5-45

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.....

..... *William C. McDowell* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William C. McDowell* .....

Licensed Embalmer No..... *2114* .....

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.**