S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15240

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4622

**1. PLACE OF DEATH:**
(a) County
(b) City or town: StLouis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Bap. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2dys (Specify whether years, months or days) In this community 3y ears

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County
(c) City or town: StLouis (If outside city or town limits, write "RURAL")
(d) Street No. 3680 French Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lillian Jesse
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charles Jesse
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: May (Month) 28 (Day) 1902 (Year)
8. AGE: Years 42 Months 11 Days 25 If less than one day hr. min.
9. Birthplace: Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business
FATHER 12. Name: Loyd Ring
FATHER 13. Birthplace: Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizebeth Grass
MOTHER 15. Birthplace: Ill (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Jesse
(b) Address: 3680 a French
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Kentucky
18. (a) Signature of funeral director: Fendler Und Co
(b) Address: 7420 Michigan
19. (a) MAY 25 1945 (Date received local registrar) J. F. Breden (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 23 year 45 hour 7 minute 310 M.
21. I hereby certify that I attended the deceased from Apr. 11, 1945, to May 23, 1945, that I last saw her alive on May 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: CHR. Myocarditis with Valvular lesions. — Duration 5 yrs.
Due to: Rheumatic fever when a child
Due to:
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

23. Signature: O. E. Williamson (M. D. or other)
Address: 633 Clayton Road Date signed 5/25/45

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1915 Sidney St.

**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.**