S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25804

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7842

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:
Homer G Phillips Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community unk

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6011
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4362a Easton 9
(If rural, give location) 1
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Jasmine

3. (b) If veteran, name war none

3. (c) Social Security No. 489-05-6255

4. Sex male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife none

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

7. Birth date of deceased November (Month) 23rd (Day) 1886 (Year)

8. AGE: Years 58 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

FATHER
12. Name Charles Jasmine
13. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Rose Keeton
15. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/45 (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) SEP 7 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 year 1945 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 28, 1945 to September 3, 1945 that I last saw him alive on September 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prob Gastro-Intestinal Malignancy with Cerebral Metastasis — Unk
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

55

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 B. F. Murphy (M. D. or other)
Address 2601 N Whittier St Date signed 9-4-45

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain Ave.

St Louis 13. Mo.

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.