S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33579

FILED NOV 14 1945

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 237

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
En Route to Hospital - From Salinger Centre ?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6319 Tyler Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPH E. JESSE

3. (b) If veteran, name war world war 1

3. (c) Social Security No.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife ? Not Known

6. (c) Age of husband or wife if alive Not Known ? years

7. Birth date of deceased September (Month) 19 (Day) 1889 (Year)

8. AGE: Years 56 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Clerk in Highway Dept

11. Industry or business

FATHER
12. Name Edward Jesse
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Watts
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Southern Und Co.
(b) Address St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Southern Und Co
St. Louis M. (b) Address ~~Jeffenson City~~, Missouri

19. (a) 11-5-45 (Date received local registrar) (b) A. P. Darris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dead when Viewed
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to following a banquet

~~Due to~~ History of heart attacks

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 40

Of autopsy

Duration: Sudden

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 G. T. Leslie 3 (M. D. or other) Coronor
Address Jeff City Mo Date signed 11-3-45

1451

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 11-13-45

MAR 11 1946

NOV 19 1945

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 Floyd J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.