

S. No. 2
M-5-43
5-17-39
I X36671

FILED APR 5 1946
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 St. Louis
(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 S. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years years, months or days)

3. (a) PRINT FULL NAME FANNIE E. JAYLOR
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Jaylor 6. (c) Age of husband or wife if alive 41 years
Birth date of deceased Mar 24 1910 (Month) (Day) (Year)

8. AGE: Years 35 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank L. Vinson

13. Birthplace Ark. (City, town, or county) (State or foreign country)

14. Maiden name Logie Wright

15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Jaylor

(b) Address 919 1/2 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25/46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. A. Jones

(b) Address 2915 Franklin Ave.

19. (a) FEB 23 1946 (Date received local registrar) (b) J. J. Brudack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 919 1/2 N. 14th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18 year 1946 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ante Opide. Anterior Myocardial Infarction
Due to same, could not be determined
Due to _____

Other conditions 1935
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Vein Cut
(b) Date of occurrence undetermined
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? undetermined

While at work? _____ (Specify type of place) (e) Means of injury 6 gloves
23. Signature Walter Perry (M. D. or other)
Address 1115 E. Brown Date signed 2/22/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

J. A. Shear

Licensed Embalmer No.....

2963

P. O. Address.....

2910 Franklin Ave

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.