

**FILED JUN 28 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

5095

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME JENNIE CASWELL

3. (b) If veteran, name war Yel 3. (c) Social Security No. Yel

4. Sex FE 5. Color or race col 6. (a) Single, widowed, married, divorced dec.

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 4 (Month) 1 (Day) 1888 (Year)

8. AGE: Years 58 Months 2 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation house keeper

11. Industry or business home

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Marion Denson

(b) Address 3716 7th St St Louis

17. (a) Burial (b) Date thereof 6-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cme

18. (a) Signature of funeral director J. J. Price

(b) Address 10034 Harrison

19. (a) JUN 7 1946 (Date received local registrar) J. J. Brenek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3927 S Main St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from 5-9 1946 to 6-2 1946 that I last saw h. er alive on 6-2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Osteo-arthritis Decubitus Ulcer, infected

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility (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) \_\_\_\_\_

(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) Means of injury 0

23. Signature Orson J. Peyer (M. D. or other) Address 2601 No. Webster Date signed 6/5/46

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

Duration Unk  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

*Emb separate cert to be filed*

JUN 7

**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: *[Signature]* .....

Licensed Embalmer No.....

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.**