

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: In Route to City Hospital 3
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jelas 107
(c) City or town St. Sommersville 0
(d) Street No. RR # 2 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME JESSIE LUETTA SINGLETON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 14
year 1947 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Spina Bifida Occulta
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased June 10 1947
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
3 4 10 hr. min.

Physician _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace SOMMERVILLE Mo
(City, town, or county) (State or foreign country)
10. Usual occupation _____

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) (e) Means of injury 3
23. Signature Patrick S. Taylor (M. D. or other) _____
Address County Coroner Date signed 10-15-47

11. Industry or business _____
12. Name David Singleton
13. Birthplace Crab Orchard Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Eva Mayfield
15. Birthplace Harts horn Mo
(City, town, or county) (State or foreign country)

16. (a) Informant David Singleton
(b) Address Sommerville Mo
17. (a) Removal (b) Date thereof 10-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sommerville Mo

18. (a) Signature of funeral director David Singleton
(b) Address Sommerville Mo
19. (a) Oct 15 1947 J. F. Brueck
(Date received local registrar) (Registrar's signature)

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.....

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.