S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39806

State File No. .....

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10877

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4927a Parkview Place. 9
(If rural, give location)
12
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Alice T. Jess
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife William Jess
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 14th (Day) 1875 (Year)

8. AGE: Years 72 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Hazelhurst, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name unknown Aiken
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Hutton-daughter,
(b) Address 4927a Parkview Place
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,
19. (a) NOV 28 1947 (Date received local registrar) (b) J F Breddek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th year 1947 hour 8:52 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from May 10, 1946 to Nov. 26, 1947 that I last saw her alive on Nov 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
General Arterial Sclerosis
Due to Myocarditis, Chr
Due to Old Cerebral Hemorrhage
Other conditions .....
(Include pregnancy within 3 months of death)
Cerebral Hemorrhage
Major findings:
Of operations 1 2
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature W. L. Mistachkin (M. D. or other)
Address 4482 Washington Date signed 11/26/47
Dr. Mistachkin

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Mistachkin
Taylor & Washington 4482

NC 7244
PA 3985

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.