

1/47
17-39

FILED FEB 9 1948

Registration District No. 387

Primary Registration District No. 3063

Registrar's No. 231

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hours
(Specify whether years, months or days)

In this community 7 1/2 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 743 Luredo
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME EDITH JAMESON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1948 hour — minute 55 P.M.

21. I hereby certify that I attended the deceased from JAN.
21, 1948 to JAN 21, 1948
that I last saw her alive on JAN. 21, 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAY 15 - 1877
(Month) (Day) (Year)

Immediate cause of death trauma
lacer and hemorrhage of adrenal glands

Due to trauma

8. AGE: Years 70 Months 8 Days 6 If less than one day — hr. — min.

Due to trauma

Other conditions traumatic shock crushing injury of chest - 31

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

10. Usual occupation HOUSEKEEPER

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause of which death should be charged statistically.

11. Industry or business —

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Jan 30, 1948

Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? street
(Specify type of place)

16. (a) Informant GENEVIEVE JAMISON

(b) Address ST LOUIS MO.

17. (a) BURIAL (b) Date thereof JAN 27 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.

While at work? — (Specify type of place)

(c) Means of injury struck by auto

23. Signature AM Pascante (M. D. or other) —

Address 601 Brentwood Blvd Date signed 1/23/48

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) 1-26-48 (b) Genevieve Jamison
(Date received local registrar) (Registrar's signature)

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

16
2
3

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..... *John M. Sigerson*

Licensed Embalmer No. *04343*

P. O. Address *St. Louis 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.