No. 2
1-1-47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10320

Registrar's No. 2917

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

1. PLACE OF DEATH:
(a) County: ~~Mo.~~
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospt. 0
(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: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4927a Parkview (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Jess, Draper B.
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: M 0
5. Color or race: W
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
7. Birth date of deceased: Oct. 10th (Month) 1900 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	12	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Wm. Jess
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: Alice Aiken
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Charles n. Hutton
(b) Address: 4927 a Parkview Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cem.
18. (a) Signature of funeral director: Sullivan Funeral Dir.
(b) Address: 2649 N. Euclid Ave.
19. (a) MAR 25 1948 (Date received by Registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1948 hour ~~12 Noon~~ 3:50 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.

Duration

Immediate cause of death: Gas Gangrene 2
Bilateral Pneumothorax
when struck by a [illegible]
Due to: [illegible] make unknown
[illegible] fell [illegible] in a alley
Due to: [illegible] Burglary
[illegible]
Other conditions: [illegible]
(Include pregnancy within 3 months of death) April 21, 1948

Major findings of operation: [illegible] at the lungs of
[illegible] unknown

Of autopsy:

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): Homicide
(b) Date of occurrence: 3/21/48
(c) Where did injury occur? 29 years ago (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public alley (Specify type of place)
While at work? (e) Means of injury: Gun
23. Signature: [illegible] (M.D. or other)
Address: Date signed 3/31/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.