

FILED JUL 3 1948

318

Primary Registration District No. _____

1003

Registrar's No. 4530

1. PLACE OF DEATH:

(a) County St. Louis
(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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. 5 mos. 1 da
In this community 21 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JESSIE LANDRETH

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 married
6. (b) Name of husband or wife W.F. Landreth 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 7 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 7 hr. min.

9. Birthplace Macon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John W. Martin

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

14. Maiden name Erla Matthews
(City, town, or county) (State or foreign country)

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

16. (a) Informant Thelma A. Singler

(b) Address 5400 Arsenal St.

17. (a) burial (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 15 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 14 day 14
year 1948 hour 7. minute A M.

21. I hereby certify that I attended the deceased from Jan.
1 1945 to May 14 1948
that I last saw her alive on May 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Sub-arachnoid Hemorrhage 3 ds.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN

Underline the cause to 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 _____

23. Signature A. K. Burch (M. D. or other) _____
Address 5400 Arsenal St. Date signed 5/11/48

ea

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 Warren G. Carver

Licensed Embalmer No. 353x
181-150

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.