

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **27858**
Registrar's No. **6902**

Registration District No. **318**

Primary Registration District No. **1003**

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:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community **Life** years, months or days)

3: (a) PRINT **Fred Jasmine**
FULL NAME

3: (b) If veteran, name war **World War 1.** 3: (c) Social Security No. **486-16-0786**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Menett Jasmine** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **February 2, 1889**
(Month) (Day) (Year)

8. AGE: Years **59** Months **6** Days **1** If less than one day
hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business **709 Pine St,**

MOTHER FATHER { 12. Name **Unknown** 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Rose** ? (State or foreign country)
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Menett Jasmine**
(b) Address **919 (Rear) N. 14th Street**
17. (a) **Burial** (b) Date thereof **8/9/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **C. W. Roberts**
(b) Address **1416 N. Taylor Ave.**
AUG 5 - 1948 (c) Registrar's signature **J. T. Budeck**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **919 N 14th St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **3**
year **1948** hour **9** minute **43 P.M.**
21. I hereby certify that I attended the deceased from
July 31, 1948 to **August 3, 1948**
that I last saw him alive on **August 3, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Vascular Hemorrhage** Duration **Unk**

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **As above**
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? (c) Means of injury
23. Signature **J. T. Budeck** (M.D. or other)
Address **2601 N Whittier** Date signed **8-4-48**

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

● AUG 31 1948

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.....

Amie Roberts

Licensed Embalmer No.

4439

P. O. Address.....

1416 N. Taylor

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.