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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38553**
10477
Registrar's No.

FILED DEC 14 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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 Phillips Hospital
(If not in hospital or institution, write street number or location)

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

In this community 3 yrs.

3: (a) PRINT FULL NAME JESSIE MAE PYE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife Dan Pye

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 31st, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45	8	0	hr. min.
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9. Birthplace Canton Miss; 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Sie Rimmer

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

14. Maiden name Harriett Chambers

15. Birthplace Canton Miss; 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Pye

(b) Address 3035 Pine St.

17. (a) Burial (b) Date thereof 12-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis F. Home

(b) Address 2820 Stoddard St

19. (a) DEC 2 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

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. 3035 Pine St.
21 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st,
year 1948 hour 3/15 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration _____

Due to _____

Due to H/O

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? _____

23. Signature Derrick E. Taylor (Specify type of place) 3
(M.D. or other) 12-2-48
Address 1300 Clark Date signed _____

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 Jutton E. Culkin
Licensed Embalmer No. 4198
P. O. Address St Louis 15, 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.