

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED JUN 27 1949

State File No. 5053

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		2012 Cole Street	

3. NAME OF DECEASED (Type or Print)	a. (First) David	b. (Middle)	c. (Last) Juitte	4. DATE OF DEATH (Month) (Day) (Year)	June 8 1949
-------------------------------------	------------------	-------------	------------------	---------------------------------------	-------------

5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 8, 1903	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 8	IF UNDER 4 HRS. Days Hours Min.
-------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hynes county, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME Willie Juitte	13b. MOTHER'S MAIDEN NAME Hannah Carr	14. NAME OF HUSBAND OR WIFE Rosie Juitte
----------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rosie Juitte	ADDRESS 2012 Cole St.
---	-------------------------	--	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia of Brain, Hemorrhage of Brain; suppurated		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when depressed, fell down eleven steps to the brick yard DUE TO (c) in the rear of her house on June 4 1949 at about 1035 am		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 186
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 4 49 1035	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 39
--	--	-------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1035 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dept. in Queen	23b. ADDRESS 1300 Clark	23c. DATED 6/10/49
---	-------------------------	--------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) ship	24b. DATE June 12/49	24c. NAME OF CEMETERY OR CREMATORY cemetery	24d. LOCATION (City, town, or county) (State) Jackson, Miss.
--	----------------------	---	--

DATE REC'D BY LOCAL REG. JUN 10 1949	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son	ADDRESS 2629-31 Cole St
--------------------------------------	-----------------------	---	-------------------------

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

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.