

**STANDARD CERTIFICATE OF DEATH**

36220

State File No. ....

**FILED OCT 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9194**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homér Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>218 S. Garrison Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) c. (Last) <b>Jessup</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 1, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 10, 1905</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Family</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>- - -</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>- - -</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elvins Wardell - 1703 Marcus Ave.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Criminal</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>Unknown</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	<b>331X</b>

22. I hereby certify that I attended the deceased from **July 9, 1951**, to **9-27, 1952**, that I last saw the deceased alive on **9-27, 1952** and that death occurred at **3:25A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. E. Smith, M.D.</b>	(Degree or title)	23b. ADDRESS <b>11 N Jefferson</b>	23c. DATE SIGNED <b>10-3-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/6/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>

DATE REC'D BY LOCAL REG. <b>OCT 4 1952</b>	REGISTRAR'S SIGNATURE <b>M. E. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Atkins Bros. Und. Co. 3644 Finney</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 John K Cunningham  
Licensed Embalmer No. 4476

P. O. Address 4223 Enright

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.