

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19533**

State File No. ....

**FILED JUN 10 1953**

**318**

**1003**

Registrar's No. .... **5359**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. .... <b>5359</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis MO</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1604<sup>th</sup> FRANKLIN 2259</b>				d. STREET ADDRESS (If rural, give location) <b>1604 A FRANKLIN</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>REBECCA</b>		b. (Middle) _____		c. (Last) <b>JIMAR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-25-53</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>5-25-1905</b>	9. AGE (In years last birthday) <b>4-8</b>	# UNDER 1 YEAR Months _____	# UNDER 100 HOURS Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAUNDRESS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAUNDRY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LEIGHTON, ALABAMA</b>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>GEORGE JIMAR</b>			13b. MOTHER'S MAIDEN NAME <b>SALLY GUNN</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>JUANITA JIMAR-3102 WASHINGTON</b> ADDRESS _____					
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.				<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				_____				_____	
ANTECEDENT CAUSES _____				DUE TO (b) <b>Congestive Failure</b>				_____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Myocardial Infarction</b>				_____	
II. OTHER SIGNIFICANT CONDITIONS _____				Conditions contributing to the death but not related to the disease or condition causing death.				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
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 <b>1257 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (In full name or title) <b>Patrick E. Taylor, Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-28-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LEIGHTON ALA.</b>		24d. LOCATION (City, town, or county) (State) <b>ALA.</b>			
DATE RECD BY LOCAL REG. <b>MAY 28 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>MABELLE LOVE</b> ADDRESS <b>3103 WASHINGTON</b>				

(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 *H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4575 Ald

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.