

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44224**Registrar's No. **2883**

BIRTH NO. _____

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **544**003
0

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) One day	c. CITY OR TOWN Kirkwood 472		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			STREET ADDRESS (if rural, give location) 1747 W. Woodbine		
3. NAME OF DECEASED a. (First) Mona (Type or Print)		b. (Middle) June	c. (Last) Jessup	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 5, 1939	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 2 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Elmer A. Jessup		13b. MOTHER'S MAIDEN NAME Pauline E. Miller	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Elmer A. Jessup	ADDRESS 1747 W. Woodbine		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) abscess cerebellum	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) meningitis, chr. bilateral 3 yrs.				?
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				
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)	3931		
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?			
22. I hereby certify that I attended the deceased from Dec 12, 1954 to Dec 12, 1954 , that I last saw the deceased alive on Dec 12, 1954 and that death occurred at 6:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Karl L. Keffler M.D.		23b. ADDRESS 1139 Bellevue Ave		23c. DATE SIGNED Dec 14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/15/54	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.		
DATE REC'D BY LOCAL REG. 12-14-54	REGISTRAR'S SIGNATURE Hubert R. Dombk M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, 331 S. Kirkwood Rd		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William H. O'Fitzger*.....

Licensed Embalmer No. *543*.....

P. O. Address *Kilkenney*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.