

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

A PERMANENT RECORD

JAN 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46448

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Mary's Infirmary (No. 1536 Papin Street-St. Louis, Mo. St. Ward)

2. FULL NAME Jessie Cousins (Shores)

(a) Residence, No. 1506 R. S. 3rd. St. 23 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Cousins				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1906				
7. AGE	YEARS 30	MONTHS 5	DAYS 24	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.				
FATHER	13. NAME Jefferson Shores			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Mo.			
MOTHER	15. MAIDEN NAME Jennie Smith			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Mo.			
17. INFORMANT (ADDRESS) Jefferson Shores, 1506 R. S. 3rd St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON, PA. DATE 12-14 19 36				
19. UNDERTAKER (ADDRESS) A. J. Walton, 2707 Stockard St.				
20. FILED DEC 13 1936 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 5, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **December 2, 1936, to December 5, 1936**
I last saw her alive on **December 5, 1936**. Death is said to have occurred on the date stated above, at **4:45AM**

The principal cause of death and related causes of importance were as follows:

Chronic Heart Disease
Aneurysm, Atherosclerosis
Date of onset **7-1-25**

Other contributory causes of importance:

Pulmonary Congestion
Due to Heart Condition
Date of operation **9-5-36**
Name of operation **9-5-36**

What test confirmed diagnosis? Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify

(Signed) **U. J. Bras**, M. D.
(Address) **St. Mary's Infirmary**

