

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

31047
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City of St. Louis
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1003
 (d) Street No. 1420 S. Cardinal Ave
 (If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 8484

2. PRINT FULL NAME

Jessie Marie Farmer
 (a) Residence, No. 1420 S. Cardinal Ave St. 18
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Farmer

14. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Myrtle Graves

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

17. INFORMANT Frank Farmer (ADDRESS) 1420 S. Cardinal Ave

18. BURIAL PLACE New St. Marcus DATE 9/29 1938

19. FUNERAL DIRECTOR A. W. McLaughlin (ADDRESS) 2301 Lafayette Ave

20. FILED SEP 28 1938 J. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to Sept 27, 1938
 I last saw her alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
 Date of onset ?
 Other contributory causes of importance:

Name of operation..... Date of.....
 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?
 If so, specify..... (Signed) J. T. Keyton, M. D.
 (Address) 2430 S. Jefferson

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.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed L.R. Cooper
Licensed Embalmer No. 3633

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.)