

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.

**JAN 12 1940** 291

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **2**

(a) County \_\_\_\_\_

(b) City or town **St Louis**

(c) Name of hospital or institution: **2844<sup>a</sup> Easton Ave**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **About 4 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St Louis** **21**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2844<sup>a</sup> Easton St**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Jennie Anderson** **536**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie Anderson** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **10 23 1899**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **5**  
year **1939** hour **9 45** minute **9** M.

21. I hereby certify that I attended the deceased from **Nov-12**  
19**39** to **12-5-**19**39**;

that I last saw her alive on **11-2-39**  
and that death occurred on the date and hour stated above.

8. AGE: Years **40** Months **1** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Huntington Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Markie Ramson**

13. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Angie Ranson**

15. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

Immediate cause of death **Carcinoma of Cervix**

Due to **Carcinoma of Cervix**

Due to \_\_\_\_\_

Other conditions **7-10-39**  
(Include pregnancy within 3 months of death)

Major findings: **H. Williams**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Jessie Anderson**

(b) Address **2844<sup>a</sup> Easton Ave**

17. (a) **Burial** (b) Date thereof **12-9-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **2844<sup>a</sup> Easton St**

19. (a) **DEC 8 1939** (b) **J. J. Bosteloh**  
(Received local registrar) (Signature of Registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. J. Bosteloh** (M. D. or other) \_\_\_\_\_

Address **27437** Date signed **12/5/39**

**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 L. Boykin, Registered Apprentice No. Impf, working under my personal supervision.

Signed L. Boykin  
Licensed Embalmer No. 2946  
P. O. Address St Louis Mo

**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, above space should be left blank.**