S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11547

FILED APR 15 1943

Registration District No. 787 | Primary Registration District No. 104 | Registrar's No. 675

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Ferguson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 234 Georgia Ave. / Ferguson, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Ferguson (If outside city or town limits, write "RURAL")
(d) Street No.: 234 Georgia Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Jennie A. Sitton
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John T. Sitton
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 19 (Day) 1862 (Year)

8. AGE: Years 80 | Months 4 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping
FATHER
12. Name: William McClellan
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margaret Dawson
15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: G. W. Reynolds
(b) Address: 234 Georgia Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cemetery Fulton, Mo.
18. (a) Signature of funeral director: L. M. Shultz
(b) Address: 118 N. Florissant Ferguson, Mo.
19. MAR 17 1943 (Date received by registrar) (b) E. M. Dassow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1943 hour 3:45 minute A. M.
21. I hereby certify that I attended the deceased from 11/10, 1942 to 3/13, 1943 that I last saw her alive on 3/13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to: Arteriosclerosis, generalized	20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Yes	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. H. Holden (M. D. or other)
Address: Ferguson, Mo. Date signed: 3/15/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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, fact should be so stated above.