

FILED MAR 20 1944 318

State File No. _____

Registrar's No. 2284

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 8 years
 years, months or days)

3. (a) PRINT FULL NAME Jesse Scott
 3. (b) If veteran, name war no
 3. (c) Social Security No. 186-20-4493

4. Sex Fe Color or race Colored
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov. 5 1911
 (Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace Verna, Miss
 (City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business Libson Sport Shop

12. Name Leon Brent

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

14. Maiden name Estelita Smith

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

16. (a) Informant Sylvia Brent

(b) Address 2092 Sappington

17. (a) washington park (b) Date thereof March 11 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. N. Nash

(b) Address 3849 Page Blvd.

19. (a) MAR 8 1944 (b) J. F. Bedeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 17
 (c) City or town St. Louis, 9 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2745 Eugenia
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7,
 year 1944 hour 11 minute 00 A. M.
 21. I hereby certify that I attended the deceased from March
4, 19 44 to March 7, 19 44
 that I last saw her alive on March 7, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Perianal Abscess
 Duration 10 days

Due to 123, 3
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 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? _____

While at work (Specify type of risk) (e) Means of injury _____

23. Signature J. M. Jackson (M. D. or other) _____
 Address St. Louis Date 3/11/44

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

MOTHER FATHER

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.....

3847 Page Boul......, Registered Apprentice No.
working under my personal supervision.

Signed C. J. Gosh.....

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page Boul......

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.