

FILED JUL 20 1945 318

Registration District No.

1003

Registrar's No. 5999

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7755 Wise Ave.  
(If rural, give location)  
(e) Citizen of foreign country?  
If yes, name country

3. (a) PRINT FULL NAME Jessie Bernadine Raulston

3. (b) If veteran, name war Nil  
3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 4 1914  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>6</u>	<u>6</u>	_____hr. _____min.

9. Birthplace Salem Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Riveter

11. Industry or business

12. Name William A. Raulston  
13. Birthplace Scott County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Harrison  
15. Birthplace Salem Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jaunita Conoway  
(b) Address 7638 Williams Ave.

17. (a) Burial (b) Date thereof 7-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 10 1945 (b) J. F. Bredeh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1945 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ five on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred \_\_\_\_\_ on the date and hour stated above.

Immediate cause of death: Multiple Fractures of femur when she jumped from a fourth floor window and landed on the concrete walk below at the St. John's Hospital ground  
Due to 11:40 AM July 9, 1945  
Under conditions suicide which followed from temporary mental aberration  
(Include pregnancy within 3 months of death)

Major findings: None  
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) suicide  
(b) Date of occurrence July 9, 1945  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Hospital

While at work? Positive  
(Specify type of place) (e) Means of injury  
23. Signature Patricia E. Taylor (M.D. or other)  
Address 1300 Clark 2 Date signed 7-10-45

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

AUG 7 1945

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..... *W. J. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**