

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3315 Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_  
years, months or days)

3: (a) PRINT FULL NAME Jessie T. Willis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ellen Willis 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased February 20, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 8 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Day laborer

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

12. Name Burril Willis

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

14. Maiden name Hattie Farmer

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

16. (a) Informant Burril Willis

(b) Address 3129 Lucas Avenue

17. (a) Burial (b) Date thereof 11/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery  
Russell Und., Co.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2732 Pine Boulevard

19. (a) NOV 6 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3315 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV day 4th,  
year 1948 hour 5 minute P.M.  
21. I hereby certify that I attended the deceased from June 18  
1948, to NOV 4, 1948  
that I last saw him alive on NOV 4, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pernicious Anemia  
Bronchitis  
Duration 1 year  
16 mos  
Due to \_\_\_\_\_  
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 place) (e) Means of injury \_\_\_\_\_  
23. Signature J. B. Lasater (M. D. or other) \_\_\_\_\_  
Address 302 S. Jefferson Date signed 11/5/48

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

06  
47  
39  
906

**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.....

*Wm. M. Brown*

....., Registered Apprentice No. *272*

working under my personal supervision.

Signed *Clark Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

**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.**