

No. 3906  
1-10-47  
5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 41711  
Registrar's No. 10829

FILED JAN 11 1948 318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4234 E. Cote Brilliante (rear)  
(d) Length of stay: In hospital or institution 4 years  
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4234 E. Cote Brilliante (rear)  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME JESSIE TICKETS

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month December day 7 year 1948 hour 8 minute 53 A. M.

4. Sex Female 5. Color or race CO  
6. (a) Single, widowed, married, divorced Widow  
6. (c) Age of husband or wife if alive

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

7. Birth date of deceased December 16, 1908 (Month) (Day) (Year)

Immediate cause of death: Olden of Brain

8. AGE: Years 39 Months 11 Days 21 If less than one day hr. min.

Due to: 8:30  
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace Little Rock, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Unemployed

11. Industry or business

12. Name John Redford

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

14. Maiden name Carrie Mays (City, town, or county) (State or foreign country)

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

16. (a) Informant Anna Bell Matthews

(b) Address 4234 E. Cote Brilliante (rear)

17. (a) Burial (b) Date thereof 12-16-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director H. B. Kovel (b) Address 1221 North Grand Blvd.

19. (a) DEC 15 1948 (b) J. B. Foster (Registrar's signature) VI (Date received local registrar)

PHYSICIAN Underline the cause to which death should be charged statistically. Major findings: Of operations. Of autopsy.

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?  
(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 Thomas J. Callahan (M. D. or other) Address Date signed 12-15-48

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

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**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 Ralph W Henson

Licensed Embalmer No. 13791

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, fact should be so stated above.**