

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31340**
Registrar's No. **8228**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

I. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY St. Louis			a. STATE Mo.		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 45 yrs	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Eroute to Homer Phillips Hospital.			d. STREET ADDRESS (If rural, give location) 2907 Franklin Ave.		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Jessie	b. (Middle) Watts	c. (Last) Brown	Sept II, 1951		
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH About 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Little Rock, Ark. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Sledge		13b. MOTHER'S MAIDEN NAME Ella Sledge		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katie Bass ADDRESS 4533 Cottage Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
<p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____
			ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) Coronary Thrombosis DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on Sept. II, 1951 , and that death occurred at 11:45 a.m. from the causes and on the date stated above.					
23a. SIGNATURE Gabriel E Taylor Coroner (Degree or title) _____			23b. ADDRESS 1500 eack		23c. DATE SIGNED 9.17.51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemtery.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo		
DATE REC'D BY LOCAL REG. SEP 17 1951	REGISTRAR'S SIGNATURE J Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home ADDRESS 3100 Easton Ave.		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Arthur L. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4746² Campbell

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.