

FILED AUG 14 1942  
791

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6593

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 19 days  
(Specify whether  
In this community 16 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 923  
(d) Street No. 1509 South 13th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Jaycox, Esther

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Noah 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 19, 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name John Barger  
13. Birthplace Mirginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Lettie Wright  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Barger Jaycox  
(b) Address 1509 South 13th Street

17. (a) Burial (b) Date thereof Aug. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia, Missouri

18. (a) Signature of funeral director A. M. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) 1942 (b) J. F. Beedeck  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4  
year 1942 hour 8 9 minute a. m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to ureteral stone

Due to 13th

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ureteral stone

Of autopsy As above

Duration

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 Somles (M. D. or other)

Address Cent. Hosp Date signed 8/4/42

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

**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

*Charles Neighbors*, Registered Apprentice No. *319*  
working under my personal supervision.

Signed *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

**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.**