

No. 2  
-12-45  
5-17-39  
I X47070

FILED JUL 12 1947  
318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5280**

1. PLACE OF DEATH:

(a) County ST. LOUIS (CITY)  
(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. LOUIS CITY NO. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 hrs. 30 MIN.  
(Specify whether  
In this community SEVERAL YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOO  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3609 HUMPHREY  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESSE ALBERT GIDEON

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

4. Sex MO 5. Color or race W 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 10 - 8 - 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation ELECTRICIAN

11. Industry or business AMERICAN CAR FOUNDRY

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant SELF Hospital Records

(b) Address 3609 HUMPHREY ST. ST. LOUIS

17. (a) BURIAL (b) Date thereof 7-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOERUN, MISSOURI

18. (a) Signature of funeral director Franko Funeral Home

(b) Address 14th & Olive St. St. Louis

19. (a) JUL 3 1947 (b) J. J. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28  
year 1947 hour 8:40 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 6-27-47  
to 6-28 1947  
that I last saw him alive on 6-28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE DELIRIUM TRAPENSIS Duration 6 hrs

Due to ACUTE + CHRONIC ALCOHOLISM 77 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature ROSE F. MOTT (M. D. or other) M.D.

Address 1515 LAFAYETTE ST. ST. LOUIS, MO Date signed 6-29-47

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

MOTHER FATHER

JUL 1 1947

0829

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 Sparks Samuel 6-21-47, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Ernest Sparks

Licensed Embalmer No. 4287

P. O. Address Flat Room 10

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.