

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *30*
Township..... Primary Registration District No. *000*
City *St. Louis* (No. *4561*) *CLARENCE AVE* St. _____ Ward _____

File No. **14881**
Registered No. **4289**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *4561 Clarence Ave.* St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 8, 1859</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>3</i>
	DAYS <i>21</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Perk</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>City Electric Department</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
FATHER	13. NAME <i>Christopher Jolley</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>	
MOTHER	15. MAIDEN NAME <i>Jane Girardin</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Gella Jolley 4561 Clarence Ave.</i>		
18. BURIAL, CREMATION OR REMOVAL PLACE <i>Cathary</i> DATE <i>May 3, 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Math. Kermery & Son 2180 West Parkside</i>		
20. FILED <i>1932</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 29, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 15, 1932*, to *Apr. 29, 1932*
I last saw him alive on *Apr. 29, 1932*. Death is said to have occurred on the date stated above, at *1:33 P. M.*
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset *27c*
Chronic arthritis of right hip joint

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *H. A. Uhlenhuth* M. D.
(Address) *1510 E Grand St. St. Louis*

Registrar.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

