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.

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

Do not use this space.

File No. 21369

Registered No. 5153

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis (No. 1119, Bayard ave St. ..... Ward)

2. FULL NAME Edwin J. Jolley

(a) Residence, No. 1119 Bayard St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily D. Jolley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City - St. Louis

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) Meremac Springs Missouri

FATHER

13. NAME William B. Jolley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Nancy Jane Mounts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Emily J. Jolley 1119 Bayard

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE June 13, 1933

19. UNDERTAKER (ADDRESS) C. R. Lupton and Sons 4449 Olive St

20. FILED JUN 12 1933, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 10 - , 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 - 7 - , 1933, to 6 - 10 - , 1933

I last saw him alive on 6 - 7 - , 1933 Death is said to have occurred on the date stated above, at 8:36 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

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? No

If so, specify .....

(Signed) C. W. Russell, M. D.

(Address) 4500 Olive St. Cor

Dr. C. A. Prescott,
Foster Bldg
at 2 P.M.