

REC'D MAY 24 1938

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

15689

Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles, Mo. Registration District No. 757
(b) Township St. Charles Primary Registration District No. 3036 Registered No. 53
(c) City St. Charles (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Williams James Jaromack 6521

(a) Residence, No. 1114 Clay St. St. Charles, Mo. (If nonresident, give city or town and State)
(Usual place of Abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Blackshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25th 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Montgomery City, Mo.

FATHER 13. NAME Joseph Jaromack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Catherine Thronback
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs Sarah E. Jaromack
St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE April 7th 1938

19. FUNERAL DIRECTOR (ADDRESS) H. C. Dallmeyer & Sons
St Charles Mo20. FILED 4/6 28 Clarence T. Neesler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 193822. I HEREBY CERTIFY, That I attended deceased from April 2nd 1938 to April 5th 1938I last saw him alive on April 3rd 1938 Death is saidto have occurred on the date stated above, at 8:30 a.m.

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

Cerebral Hemorrhage Date of onset Apr 3Other contributory causes of importance: General Arterio Sclerosis 1931

Name of operation _____ Date of _____

What test confirmed diagnosis? Cerebral 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) J. C. Neesler, M. D.679 (Address) St Charles, Mo.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)