

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 1  
 (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. ANTHONY'S HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 DAYS  
 (Specify whether years, months or days)  
 In this community 50 YEARS

3. (a) PRINT FULL NAME CHARLES OTIS JARMAN 655

8. (b) If veteran, name war. NO 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. APRIL 18 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 8 5 hr. min.

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

10. Usual occupation FOREMAN (BUILDING)

11. Industry or business RETIRED

12. Name ROBERT JARMAN

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature \_\_\_\_\_

(b) Address 3871 BOTANICAL AVE.

17. (a) CREMATION (b) Date thereof DEC. 26, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director FEETZ BROS.

(b) Address 3029 LAFAYETTE AVE.

19. (a) DEC 24 1939 (b) J. P. Rudolph  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1  
 (c) City or town ST. LOUIS 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3871 BOTANICAL AVE.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 50 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd.  
 year 1939 hour 5.20 minute A. M.

21. I hereby certify that I attended the deceased from Dec 20  
1939, to Dec 28, 1939;  
 that I last saw him alive on Dec 23, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death ac general peritonitis 3rd side  
 Duration

Due to ac rupt. Haemorrhage  
appendix

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

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations General Peritonitis

Of autopsy \_\_\_\_\_

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 J. P. Rudolph (M. D. or other)  
 Address 3608 2d Date signed 12/24/39

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul J. Quinn.....

Licensed Embalmer No..... 2245.....

P. O. Address St. Louis, Mo......

**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, above space should be left blank.**