

State File No. _____

JUN 10 1940
Registration District No. 784

Primary Registration District No. 109

Registrar's No. 972

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3600a Cambridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 3600a Cambridge
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Sarah Malinda Jorns 652

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Jorns

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 23, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George P. Rader

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

14. Maiden name Cordelia Batrall

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

16. (a) Informant Julia Gerst

(b) Address 7456 MANCHESTER

17. (a) Burial (b) Date thereof 5-20-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Jay B. Smith 707

(b) Address 7456 Manchester

19. (a) MAY 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1940 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 10 1940 to May 17 1940
that I last saw her alive on May 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Generalized Arterio-sclerosis

Due to _____

Other conditions Arterio-sclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy not done

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) no

(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? no (Specify type of place) Means of injury _____

23. Signature John P. Purser (M. D. or other) MD
Address 7648 Oakview Date signed 5-20-40

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

6
B
4

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 J. L. Burgess
Licensed Embalmer No. 4029
P. O. Address Maplewood

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.