

2
40
39
23159

LEU MAR 25 1941 791

Registration District No. _____

Primary Registration District No. **1063**

Registrar's No. **1145**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Carrie Elligson Gietner Home 5000 S. Broadway**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 days**
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5000 S. Broadway**
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

000
17
159

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Jessie Ann Joel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JUNE 12 - 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	20	_____ hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk in Bank**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ephram Joel.**
13. Birthplace **Scotland.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Mathews.**
15. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pim.**

(b) Address **1029a Commodore Dr. R.H.**

17. (a) **Burial** (b) Date thereof **2-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **FEB 3 1941** (b) **J. W. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **2**
year **1941** hour **11.30 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Dec. 20 1940** to **Feb. 2 1941**
that I last saw her alive on **Feb. 2 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Agranulocytosis**

Due to **Chronic Rheumatic Arthritis & amidopyrine self medication**

Other conditions (Include pregnancy within 3 months of death) **MI**

Major findings: Of operations **No operation**
Of autopsy **None**

Duration ?
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 **D**

23. Signature **L. C. Herchenroed** (M. D. or other) _____
Address **5000 S. Broadway** Date signed **Feb. 2/41**

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

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.....

William Matre

Licensed Embalmer No.

2825

P. O. Address.....

4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.