

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36070

Registration District No. 780

Primary Registration District No. 111

Registrar's No. 2047

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sadie Jane Jarvis

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 Widow

6. (b) Name of husband or wife Leon Jarvis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Davis

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Monroe

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

16. (a) Informant Mrs. R. L. Johnson

(b) Address 8601 Rosalie Ave

17. (a) Removal (b) Date thereof 10/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Port Huron Michigan

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) OCT 7 - 1941 (b) C. W. Mc Larson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8601 Rosalie Ave
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1941 hour 7:30 minute p. M.

21. I hereby certify that I attended the deceased from Sept 7, 1941, to 10/5/41, 1941;
that I last saw her alive on 10/5/41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Pressure
hemorrhage from colon
Due to Carcinoma of spleen
plethora of colon
Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy yes

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 C

23. Signature C. W. Mc Larson (M.D. or other) _____

Address 7649 Nelson Date signed 10/6/41

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

96
8
20

96
7
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 6 1946

MAY 7 1946

Handwritten signature

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.....
Licensed Embalmer No. 1994
P. O. Address.....

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, fact should be so stated above.