S. No. 2
—4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11982

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 759

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L. 96
(c) City or town Maplewood 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7310 Manchester
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME George Joerns
3. (b) If veteran, name war no
3. (c) Social Security No. 494-03-1687
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Sarah Joerns
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. 16, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	4	16	..... hr. ..... min.

9. Birthplace St. Louis, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation Paper Hanger
11. Industry or business
FATHER
12. Name William Joerns
13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Wilimani Alfei
15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Henrietta Joerns
(b) Address 1310 S. Sixth
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) APR 4 1942 (Date received local registrar) (b) E. G. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 7 15 minute A M.
21. I hereby certify that I attended the deceased from February 24, 1942 to April 2, 1942
that I last saw him alive on April 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus (inoperable)
Due to
Due to
Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature B. R. Loving (M. D. or other) Mo
Address Ballwin, Mo. Date signed 4-2-42

107 (Licensed Embalmer's Statement on Reverse Side)

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. T. 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, fact should be so stated above.