S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12753

Registration District No. 791 Primary Registration District No. 100

Registrar's No. 4092

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis 96
(c) City or town Pine Lawn N.R. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4004 Oakwood Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES MILLer Jehle.

3. (b) If veteran, name war None

3. (c) Social Security No. 719-12-4365

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January 24, 1919. (Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation Railroad Clerk

11. Industry or business Mo. Pacific R.R.

MOTHER FATHER

12. Name Louis Roy Jehle.

13. Birthplace Pana, (City, town, or county) / Illinois (State or foreign country)

14. Maiden name Leslie Watson.

15. Birthplace Council Bluffs, (City, town, or county) / Iowa. (State or foreign country)

16. (a) Informant Mrs. Leslie Jehle.
(b) Address 4004 Oakwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) (Date received local registrar) (b) J. F. Bruch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th. year 1942 hour 3:55 minute A.M. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage of brain Compound fracture of right femur Multiple lacerations Wind Pipe was lacerated Collided with a automobile driver unknown. Deceased was found to have fallen at the intersection of Highway Bridge Road and Highway

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Expect lines in car

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) Criminal Carelessness
(b) Date of occurrence May 4 1942
(c) Where did injury occur? St Louis County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury Auto

23. Signature (M. D. or other)
Address Date signed 5/9/42

(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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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.