

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1944

Registration District No. 313 Primary Registration District No. 1003 Registrar's No. 1197

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 17 Days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(d) Street No. 1926 So. 11th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROBERT LEON JOLLY
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 4th year 1944 hour 4 minute 30 P.M.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced infant
7. Birth date of deceased April 21st 1943

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

8. AGE: Years 0 Months 9 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death: Laryngeal separation of laryngeal sutures, meningitis complicated when he fell off the bed
Due Jan 17 1944 about 11:15 AM
Due to _____

9. Birthplace St. Louis, Mo.
10. Usual occupation Infant

Other conditions _____
Major findings: 186
18

11. Industry or business None
12. Name Clyde Jolly
13. Birthplace Marion, Ill.
14. Maiden name Opal Thoe
15. Birthplace Osage County Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Opal Jolly
(b) Address 1926 So. 11th St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 17 1944
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 2/8/44
(c) Place: burial or cremation St. Matthew
18. (a) Signature of funeral director A. W. M. Laughlin
(b) Address 2501 Lafayette Ave.
19. (a) FEB (b) J. F. Budek

While at work _____
23. Signature John Perry (M. D. or other) _____
Address _____ Date signed 2/7/44

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

MOTHER FATHER

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 Alton H. McLaughlin

Licensed Embalmer No. 1698

P. O. Address St Louis Mo

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.