S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16478

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4358

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:
4561 Clarence Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4561 Clarence Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zella H. Jolly
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife August Jolly
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased January 9, 1865 (Month) (Day) (Year)
8. AGE: Years 79 ~~74~~ Months 4 Days 0 If less than one day hr. min.
9. Birthplace Collinsville (City, town, or county) Ills. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name August Roy
13. Birthplace Unknown (City, town, or county) Ills. (State or foreign country)
MOTHER 14. Maiden name Rose Beckett
15. Birthplace Unknown (City, town, or county) Ills (State or foreign country)
16. (a) Informant Chester F. Jooly
(b) Address 5451 Liestte Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAY 11 1944 (Date received local registrar) (b) J. F. Breen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1944 hour 1:55 AM minute M.
21. I hereby certify that I attended the deceased from May 2, 1938, to May 9, 1944, that I last saw h[illegible] alive on May 2, 1944, and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis Chronic
Due to —
Due to —
Other conditions —
(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 M. Sliaver (M. D. ~~or other~~)
Address 4952 Maryland Date signed 5-9-44

(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 Wilford G Burnley

Licensed Embalmer No. 4202

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.