

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32454

State File No. _____
 Registrar's No. 87217

Registration District No. 318 Primary Registration District No. 1002

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:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 25 days
 (Specify whether years, months or days)
 In this community: 36 years

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") 17
 (d) Street No. 2034 McCausland Avenue (If rural, give location) 94
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH L. JETTY
 3. (b) If veteran, name war: NO
 3. (c) Social Security No. 494-05-0124

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 12
 year 1944 hour 7 minute 10 P M.

4. Sex Male 5. Color, or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Madrine Jetty
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased: 6 30 1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-9-44
 on 10-12, 1944, to 10-12, 1944
 that I last saw him alive on 10-12, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 3 12 hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage Duration 3 days

9. Birthplace Unknown Texas
 (City, town, or county) (State or foreign country)

Due to Supertension 6 mos.
 Due to _____

10. Usual occupation Newspaper Pressman
 11. Industry or business Missouri Agriculture Pub. Co.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joseph Jetty
 (b) Address 2034 Mc Causland Avenue
 17. (a) Burial (b) Date thereof 10-16-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

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? _____

18. (a) Signature of funeral director Alvander & Sons
 (b) Address 6175 Delmar Boulevard
 19. (a) OCT (b) J. F. Brediek
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature B. B. Summary (M. D. or _____)
 Address 1116 Mc Causland Date signed 10/13/44

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

0
7
9

Summers
1116 Mac Carlin
5 P.M.

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 Thomas R. Jewrik

Licensed Embalmer No. 3793

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.