

FILED JAN 15 1945 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 11279

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1518 South 8th St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James J. Jolley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if divorced Widowed  
7. Birth date of deceased May 17 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Jefferson County Mo. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Retired

MOTHER FATHER

12. Name John Jolly  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Crishiper  
15. Birthplace Washington County Mo. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph W Jolly

(b) Address 1518 South 8th St.

17. (a) Burial (b) Date thereof 1 / 2 / 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave.

19. (a) JAN 9 1945 J. J. Medeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th  
year 1944 hour 9:30 minute P. M.  
21. I hereby certify that I attended the deceased from 12/26/44  
1944 to 12/28/44 1944;  
that I last saw h im alive on 12/28/44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of autopsy Refused 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?

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

23. Signature James J. Jolley (Date or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 12/29/44

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

**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 L. R. Coape

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

**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.**