. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1945

State File No. 25805

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7595

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 3 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 003

(c) City or town St. Louis, 175
(If outside city or town limits, write "RURAL")

(d) Street No. 5475 Cabanne Ave. 9
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY FROMHOLD JELKYL.

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 Widowed

6. (b) Name of husband or wife Benjamin E. Jelkyl.

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

7. Birth date of deceased March (Month) 5th (Day) 1859 (Year)

8. AGE: Years 86 Months 5 Days 24 If less than one day hr. min.

9. Birthplace DeSoto (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name August Fromhold.
13. Birthplace unknown (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Mary Diehl.
15. Birthplace unknown (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mr. Ross A. Jelkyl.
(b) Address 5475 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) AUG 30 1945 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1945 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 17, 1941, to Aug 29, 1945 that I last saw her alive on Aug 29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation and surgical shock	1 day
Due to: Chronic myocarditis and arteriosclerosis	4 years
Due to: Right hip fracture in fall in her home on Aug. 27, 1945 at 7 A.M.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
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) Accident Hip fracture

(b) Date of occurrence Aug 27, 1945

(c) Where did injury occur? St. Louis (City or town) (County) (State) Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Bathroom of her own home. (Specify type of place)

While at work? (e) Means of injury Fall.

23. Signature Norton J. Eversoll (M.D. or other) M.D.

Address 4129 Washington Bl. Date signed 8/30/45

(Licensed Embalmer's Statement on Reverse Side)

4129 Washington Blvd.
FR-4322
Hrs. 3 to 5

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 J. D. Lampton

Licensed Embalmer No. # 2122

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.