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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 20 1946

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **1371**

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:
Barnes Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution **25 days**
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**

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

(d) Street No. **539 North 30th**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME **Edward R. Jolly**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Bonnie Smith** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Sept. 15 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59		4	24	hr. min.
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9. Birthplace **Alton Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Freight Rate Clerk**

11. Industry or business **Packing House (Meat)**

12. Name **Charles Jolly**

13. Birthplace **not known** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Rhoads**

15. Birthplace **not known** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Burke**

(b) Address **East St. Louis, Ill**

17. (a) **burial** (b) Date thereof **Feb. 12, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East St. Louis, Ill**

18. (a) Signature of funeral director: **Chas. Burke**

(b) Address **East St. Louis, Ill**

19. (a) **Feb. 10 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **9**
year **1946** hour **11** minute **35 a** M.

21. I hereby certify that I attended the deceased from **Jan. 15, 1946**, 19____, to **Feb. 9, 1946**, 19____;
that I last saw him alive on **Feb. 9, 1946**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Carcinoma of the pancreas with metastases**

Due to _____

Other conditions **Hb 9**
(include pregnancy within 3 months of death)

Major findings: **Carcinoma of liver metastatic**

Of operations _____

Of autopsy **Carcinoma of pancreas and liver metastases**

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Gordon F. Moody** M. D. **9**

Address **Barnes Hospital** Date signed **2-9-46**

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..... *Chas M. Burke*
Licensed Embalmer No..... *2421*
P. O. Address..... *East St. Louis 3*

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.