S. No. 2
M—5-43
. 5-17-39
o I X36671

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

13744

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14844

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3327

1. PLACE OF DEATH:
(a) County: St louis. Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4123A Easton. Ave / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 000 17
(c) City or town: st louis. (If outside city or town limits, write "RURAL")
(d) Street No. 4123 a Easton 1/9 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME: DAISY JARNAGAIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Femal 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: MARRIED /
6. (b) Name of husband or wife: Walter JARNAGAIN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct (Month) 26 (Day) 1905 (Year)
8. AGE: Years 40. Months Days 12 If less than one day hr. min.
9. Birthplace: Brownville Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business
FATHER 12. Name: Alfred Campell
FATHER 13. Birthplace: Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Della Young
MOTHER 15. Birthplace: Tenn (City, town, or county) (State or foreign country)
16. (a) Informant: Walter JARNAGAIN
(b) Address: 4123A Easton Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: April 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Thomas Smith
(b) Address: 4247 Laclede Ave.
19. (a) APR 10 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1946 hour 4 PM minute M.
21. I hereby certify that I attended the deceased from III-23-46 19 to April 8 19 46 that I last saw her alive on April 8-46 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	10 weeks
Due to: Rheumatism	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
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)
(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: Vincent J Murelle M.D. (M. D. or other)
Address: 3524 Franklin Date signed III 9 46

(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 Lawrence E Walker

Licensed Embalmer No. 4341

P. O. Address St Louis 13 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.