

Division Office of Vital Statistics
FILED MAY 11 1948

Registration District No. **318** Primary Registration District No.

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 or location)

(d) Length of stay: In hospital or institution..... **3 days**
(Specify whether

In this community..... **3 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **St. Clair** **999**

(c) City or town..... **Belleville** **11**
(If outside city or town limits, write "RURAL")

(d) Street No. **1134 S. Church St.**
K.R. (If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Anita Katherine Jarvis**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **318-24-2500**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Elmer Jarvis**

6. (c) Age of husband or wife if alive..... **48** years

7. Birth date of deceased..... **December 19, 1905**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	4	11 hr. min.

9. Birthplace..... **Renault, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Machine operator**

11. Industry or business..... **Shoe factory.**

12. Name..... **Herman Kaufmann.**

13. Birthplace..... **Monroe County, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Anita Wortman**

15. Birthplace..... **Monroe County, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Elmer Jarvis**

(b) Address..... **Belleville, Ill.**

17. (a) **Removal** (b) Date thereof..... **4-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla - Belleville, Ill.**

18. (a) Signature of funeral director..... **Edward J. Cobles**

(b) Address..... **Belleville, Ill.**

19. (a) **MAY 3 1948** (b) **J. F. Branson**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **30**
year..... **1948** hour..... **8** minute..... **10** A.M.

21. I hereby certify that I attended the deceased from..... **April 27**
..... 19..... **48**..... **April 30**..... 19..... **48**
that I last saw h.er... alive on..... **April 30**..... 19..... **48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Addisonian crisis** **36 hrs.**

Due to..... **Addison's disease** **6 mos**
Cytotoxic atrophy of

Due to..... **adrenal cortex**

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

Major findings:
Of operations..... **bb.**

Of autopsy..... **cytotoxic atrophy of adrenal cortex.**

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..... **0**

23. Signature..... **J.R. Bradley** (M. D. or other)

Address..... **Barnes Hospital.** Date signed..... **4/30/48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Edgar A. Baldus.

Licensed Embalmer No. *2846*

P. O. Address *Belleville, Ill.*

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.