

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 28 1949

State File No. **4087**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY-REG. DIST. NO. **1000** Registrar's No. **213**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 57 years		d. STREET ADDRESS (If rural, give location) 611 N.4th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Theresine c. (Last) Jornayvas			4. DATE OF DEATH (Month) (Day) (Year) February 16, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 19, 1866		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Switzerland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ??? Stoquet		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paul L. Jornayvas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul L. Jornayvas	
				ADDRESS St. Francis Hotel St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage			24 hours
		ANTECEDENT CAUSES			years
		DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS			48 hours
		Conditions contributing to the death but not related to the disease or condition causing death. Bronchial pneumonia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
		3			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-1, 1949, to 2-16, 1949, that I last saw the deceased alive on 2-16, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lucian W. Jenkins M.D.		23b. ADDRESS 902 Edward, St. Joseph, Mo.		23c. DATE SIGNED 2-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	

DATE REC'D BY LOCAL REG. Feb 23, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Halter Meierhoffer	
				ADDRESS 1946 Colhoun St. St. Joseph, Mo.	

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

JUL 23 1949

AUG 10

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, ~~only~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Raymond W. Herber
Licensed Embalmer No. 413 Missouri.
P. O. Address St. Joseph, Missouri.

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.