

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35278
State File No. 9388

FILED NOV 10 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | | | |
|---|--|--|---|---|-----------|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>3 weeks</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brooklyn</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>W.R. - 408 Jefferson</u> | | |
| 3. NAME OF DECEASED (Type or Print) <u>EPHRIAM</u> | | | a. (First) <u>JOOR</u> | b. (Middle) | c. (Last) |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29 1949</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 17, 1892</u> | | 9. AGE (In years last birthday) <u>57</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bolivar, Miss.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Amon Joor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mattie Joor</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Joor</u> | | ADDRESS <u>408 Jefferson Brooklyn Illinois</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> <u>Albani</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 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) <u>9 St. Louis Ill</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Hit by car</u> | |
| 22. I hereby certify that I attended the deceased from <u>9/15</u> , 19 <u>49</u> , to <u>10/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/29</u> , 19 <u>49</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Edgar F. Woodson</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>930 N. 2nd St. St. Louis</u> | |
| 23c. DATE SIGNED <u>10/31/49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>Oct. 31, 1949</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>East St. Louis Ill.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Pasater</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 31 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | | ADDRESS <u>E. St. Louis, Ill.</u> | |

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Thomas M. Gleason

Licensed Embalmer No. 4479

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.