No. 300
10.48

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15275

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5069 Registrar's No. 1047

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights. Mo.
c. LENGTH OF STAY (in this place) 49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1343 Woodland Richmond Heights.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ...)
a. STATE Missouri. b. COUNTY ST. LOUIS COUNTY.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights. 4495
d. STREET ADDRESS (If rural, give location) 1343 Woodland Ave. 0

3. NAME OF DECEASED (Type or Print) a. (First) Charmaine b. (Middle) -- c. (Last) Mohrman
4. DATE OF DEATH (Month) April (Day) 23 (Year) 1950.
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 6, 1927.
9. AGE (In years last birthday) 22 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) Dress Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY Retired.
11. BIRTHPLACE (State or foreign country) Clayton Missouri. 0
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Preston Jarboe
13b. MOTHER'S MAIDEN NAME Helma Herdt
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Helma Jarboe ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None 002 X
20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 19 1947, *to* April 23 1950, *that I last saw the deceased alive on* April 23, 1950, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Lee Wiesman (Degree or title) 0 Mend
23b. ADDRESS 45.00 Olive
23c. DATE SIGNED 4/24/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Renoval
24b. DATE April 24.1950.
24c. NAME OF CEMETERY OR CREMATORY San Antonio Texas
24d. LOCATION (City, town, or county) San Antonio (State) Texas.
DATE REC'D BY LOCAL REG. 4-24-50
REGISTRAR'S SIGNATURE Herbert R. Stanke
25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Bros. ADDRESS 6409 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Bramner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.