No. 300
10-48

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10985

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 585

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Clayton Mo~~ RICHMOND HGTS.
c. LENGTH OF STAY (in this place): 1 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois? COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerville Township Route #2
d. STREET ADDRESS (If rural, give location): 828 Jerome Lane 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): Mathilda
b. (Middle): M.
c. (Last): Jerome

4. DATE OF DEATH (Month) (Day) (Year): Mar. 4th 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 9th 1904
9. AGE (In years last birthday): 46 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Kohler
13b. MOTHER'S MAIDEN NAME: Mathilda Erhet
14. NAME OF HUSBAND OR WIFE: Leo W. Jerome

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.: 499-28-727
17. INFORMANT'S SIGNATURE OR NAME: Leo W. Jerome
ADDRESS: 828 Jerome Lane, East St. Louis, Ill.

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): Cerebral Degeneration — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Encephalitis.

DUE TO (c): Bronchopneumonia 2 wks before

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 249.1 X

19a. DATE OF OPERATION: 3-3-51
19b. MAJOR FINDINGS OF OPERATION: Cerebral Atrophy — No Incr. Pressure
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Mar. 2, 1951 to Mar. 4, 1951, that I last saw the deceased alive on 3-4, 1951, and that death occurred at 12:15 PM, from the causes and on the date stated above.

23a. SIGNATURE: Frank A. Palazzolo
(Degree or title): M.D.
23b. ADDRESS: 16 Hampton Village Plaza
23c. DATE SIGNED: 3-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-5-1951
24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemty.
24d. LOCATION (City, town, or county) (State): Belleville, Ill.

DATE REC'D BY LOCAL REG.: 3-5-51
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. W. Richter Jr.
ADDRESS: St. Louis Ill.

(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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed B H Balduin

Licensed Embalmer No. 2420

P.O. Address E. St Louis D

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, a should be so stated above.