

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21586

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 306 Registrar's No. 2502

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		<u>4524</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2635 Sutton Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2635 Sutton Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>LORENZO E JARRETT SR</u>			a. (First) <u>E</u> b. (Middle) <u>JARRETT SR</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-4-1881</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u>19</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Alton, Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Joseph Jarrett</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown Swetman</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Helen Vincent Jarrett</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. <u>498-22-3980</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorenzo E. Jarrett, Jr., above</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</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 <u>331X</u>			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)					
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?					
22. I hereby certify that I attended the deceased from <u>7/25</u> , 19 <u>50</u> , to <u>6/23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/23</u> , 19 <u>51</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John King MD.</u>				23b. ADDRESS (Degree or title) <u>6716 Big Bend - Webster Groves, Mo.</u>		23c. DATE SIGNED <u>6/23/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-25-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Donke MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH,</u>		ADDRESS <u>7150 Manchester Ave. Maplewood 17, Mo.</u>			

(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 Ronald O. Yphake

Licensed Embalmer No. 3917

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.