

24817

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6410

FILED JUL 28 1951

318

1003

Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY 0  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2279

d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL e. STREET ADDRESS (If rural, give location) 928 MORRISON 0

3. NAME OF DECEASED (First) PEARL (Middle) Pauline (Last) Jolly 4. DATE OF DEATH (Month) July (Day) 17 (Year) 1951

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MARCH 24 1905 9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 MRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nanny Sitter 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) STE. FRANCOIS CO., MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Zave Pollite 13b. MOTHER'S MAIDEN NAME JANE HEADS 14. NAME OF HUSBAND OR WIFE John Jolly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Bonnie Lee Peppers ADDRESS St. Louis, Mo.

18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_ ANTECEDENT CAUSES \_\_\_\_\_ DUE TO (b) Cerebral Apoplexy \_\_\_\_\_ DUE TO (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. 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  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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 334X

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Barrett B Taylor Coroner 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 7.18.51.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-19-51 24c. NAME OF CEMETERY OR CREMATORY GERMAN CEMETERY 24d. LOCATION (City, town, or county) (State) STONY POINT, MO.

DATE REC'D BY LOCAL REG. JUL 18 1951 REGISTRAR'S SIGNATURE J. B. Blaster 25. FUNERAL DIRECTOR'S SIGNATURE J. See Motherhead ADDRESS Desoto, Mo.

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Andrew B. England

Licensed Embalmer No. 47045

P. O. Address We Soto, 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.