

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>			
b. CITY OR TOWN <u>PERRYVILLE</u>		c. LENGTH OF STAY (In this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>RURAL BEAUVIS</u>		0950	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY CO MEMORIAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>ST. GENEVIEVE MO STAR ROUTE 1</u>			
3. NAME OF DECEASED a. (First) <u>EMILE</u>			b. (Middle) <u>ANTHONY</u>		c. (Last) <u>JOGGERST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 - 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 29 1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>RIVER AUX VASES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANCIS JOGGERST</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE STARB</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA STOLL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Bergwald St. Genevieve Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular</u>				5 yrs	
		DUE TO (c) <u>renal disease with hypertension</u>				2 weeks	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral apoplexy</u>					
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442 X</u>			
22. I hereby certify that I attended the deceased from <u>1-19</u> , 19 <u>52</u> , to <u>1-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-29</u> , 19 <u>52</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed. Carron MD</u> (Degree or title)				23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>1-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 31 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PHILIP P. JAMES</u>		24d. LOCATION (City, town, or county) (State) <u>RIVER AUX VASES MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30-52</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u> 250		25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Basler St. Genevieve Mo</u>		ADDRESS _____	

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

Adrian J. Ellis

Licensed Embalmer No. *4740*

P. O. Address *St. Germain, 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.