

No. 300
10-48

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

FILED FEB 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. 7234

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **St. Charles, County**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Charles** c. LENGTH OF STAY (in this place)
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis,** **2089**

d. FULL NAME OF HOSPITAL OR INSTITUTION **W. ANDERSON STREET.** d. STREET ADDRESS (If total, give location) **923 Hornsby Avenue** **1**

3. NAME OF DECEASED
a. (First) **George** b. (Middle) **Jaromack** c. (Last) **Jaromack** 4. DATE OF DEATH (Month) (Day) (Year) **Feb. 15, 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 7, 1894** 9. AGE (in years last birthday) **58** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinest** 11. BIRTHPLACE (City and State or Foreign Country) **Wellsville, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. KIND OF BUSINESS OR INDUSTRY **Lewis Invisible Statch.** 11. BIRTHPLACE (City and State or Foreign Country) **Wellsville, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Jaromack** 13b. MOTHER'S MAIDEN NAME **Blackshaw** 14. NAME OF HUSBAND OR WIFE **Mrs. Meta Jaromack**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **492-24-8882** 17. INFORMANT'S SIGNATURE OR NAME **St. Louis** ADDRESS **Mrs Meta Jaromack, 923 Hornsby Avenue 40**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **4201**

INTERVAL BETWEEN ONSET AND DEATH **15 min.**
3 yrs.

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) _____ 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 **June, 1950**, to **Feb. 15, 1953**, that I last saw the deceased alive on **Feb. 13, 1953**, and that death occurred at **12:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE **N. J. Hornech, M.D.** (Death or title) 23b. ADDRESS **St. Louis 400** 23c. DATE SIGNED **2-17-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **2-19-1953** 24c. NAME OF CEMETERY OR CREMATORY **New Bethlehem Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, County Mo.**

DATE REC'D BY LOCAL REG. **Feb 19 1953** REGISTRAR'S SIGNATURE **284-0** **Frankie Hamilton** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son Inc.** ADDRESS **2161 E. Fair Ave.**

(Licensed Embalmers' Statement on Reverse Side)

St. Louis Mo

107-15 111

DEC 11 1954

MAR 6 1955

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
Student Embalmer

Student Embalmer No. _____

Signed Glenn W. Stutz

Licensed Embalmer No. 3737

P. O. Address St. Louis, 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.