

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37302**
Registrar's No. **10117**

FILED OCT 30 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 37302		Registrar's No. 10117	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S6. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 5424a Plover.		2079			
3. NAME OF DECEASED (Type or Print) ELTA		a. (First) _____		b. (Middle) V.		c. (Last) JADWIN		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 22, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Dec. 6, 1894.		9. AGE (In years last birthday) 58.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Washer		10b. KIND OF BUSINESS OR INDUSTRY Car Wash		11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Jadwin			13b. MOTHER'S MAIDEN NAME Nancy Dulworth.			14. NAME OF HUSBAND OR WIFE Lettie Jadwin.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Nil		16. SOCIAL SECURITY NO. 499-12-1691		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annabelle Blake, 5424a Plover.					
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) Upper Gastro intestinal Hemorrhage ANTECEDENT CAUSES Due to (b) Cirrhosis of Liver Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810					
22. I hereby certify that I attended the deceased from 10-21-53 , 19____, to 10-22-53 , 19____, that I last saw the deceased alive on 10-22-53 , 19____, and that death occurred at 11:30A m., from the causes and on the date stated above.									
23a. SIGNATURE Richard J. Daves M.D.				(Degree or title) _____		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) 10180 Gravois.			
DATE REC'D BY LOCAL REG. OCT 23 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.			

(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.....
Signature of Student Embalmer

Signed..... *Paul A. Wachten*

Licensed Embalmer No. *478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.