

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 360
10.48

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 657

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair...</u>	
b. CITY OR TOWN <u>Belleville, Illinois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville, Illinois.. 8120</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>#31 South 97th Street....</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital...</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>F.</u> c. (Last) <u>Jarvis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14th 1954</u>		
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5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married...</u>		8. DATE OF BIRTH <u>June 4th 1884</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home...</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Centerville Sta., Ill.,</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA..</u>		
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13a. FATHER'S NAME <u>Michael Wuest...</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Beatrice....</u>			14. NAME OF HUSBAND OR WIFE <u>Stephen C. Jarvis.....</u>		
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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>None.....</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>A. Jarvis Belleville 911</u>			
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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) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic Surgery</u> 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 <u>12 hours</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 14 March, 1954, to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Malcolm B Bawell M.D.</u>		23b. ADDRESS <u>4660 Mayland</u>		23c. DATE SIGNED <u>Mar 15-1954</u>	
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24a. BURNING/CREMATION REMOVAL (Specify)		24b. DATE <u>13-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Carmel Cemetery..</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois..</u>	
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DATE REC'D BY LOCAL REG. <u>3/15/54</u>		REGISTRAR'S SIGNATURE <u>Walter R. Ambe...</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. B. ... St. Louis, Mo.</u>	
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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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben. H. Bardusa

Licensed Embalmer No. 2420

P. O. Address P. Harris Rd

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.