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

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31074

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7593

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY OR TOWN St. Louis 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital
e. STREET ADDRESS (If rural, give location) 4819a So. Broadway 21570

3. NAME OF DECEASED (Type or Print)
a. (First) Louise b. (Middle) S. c. (Last) Jorns
4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 13, 1891 9. AGE (in years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker
10b. KIND OF BUSINESS OR INDUSTRY Brauer Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rath 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Harry H. Jorns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. 493-05-5949
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Jorns - 4819a So. Broadway

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Embolus
Antecedent causes: Camp and fracture of left leg due to (b) slipped in fall from ladder in hall about 030 a.m., August 14, 1955.
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 E9010, Accident
20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo. (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Aug 14 55 10 p.m.
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick P. Taylor Coroner 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 8.30.55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Sept. 1, 1955 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. AUG 30 1955 REGISTRAR'S SIGNATURE J. Carl Smith M.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldre 3634 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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..... *Robert Wheeler*

Licensed Embalmer No. *212*

P. O. Address *Hampton*

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.