

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. 42254

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10997

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Brentwood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>8900 West Lawn</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Jorndt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1955</u>
-------------------------------------	------------------------	-----------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 4, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------	-------------------------------	---	-------------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manufacturer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Albert Jorndt</u>	13b. MOTHER'S MAIDEN NAME <u>Olivia Renner</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Jorndt</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ardis Jorndt</u>	ADDRESS <u>8900 West Lawn</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary thrombosis</u>		<u>7 days</u>
DUE TO (c) <u>Arteriosclerotic heart disease</u>		<u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>		<u>3 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200 4201</u>	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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 20 Nov, 1955 to 13 Dec, 1955, that I last saw the deceased alive on 12 Dec, 1955, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jaels Barrow M.D.</u>	23b. ADDRESS <u>110 S. Central Clayton Mo.</u>	23c. DATE SIGNED <u>14 Dec 55</u>
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>
--	---------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <u>DEC 15 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
---	---	---	--------------------------------------

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

JAN 11 1958

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 *Elmo R. Pastorelli*.....

Licensed Embalmer No. 407.....

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.