No. 300
10.48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6681

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 964

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5 5876 Bartmer Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): EMIL
b. (Middle): JOSEPH
c. (Last): JAAS

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 27, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 6th. 1930
9. AGE (In years last birthday): 25 — 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): stock clerk
10b. KIND OF BUSINESS OR INDUSTRY: G.H.Waker Stocks
11. BIRTHPLACE (City and State or Foreign Country): St.Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Jaas
13b. MOTHER'S MAIDEN NAME: Frances Lawless
14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 500-32-1707
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Frances Jaas 5876 Bartmer Ave.

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

MEDICAL CERTIFICATION Marfans Syndrome

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marfan's Syndrome

ANTECEDENT CAUSES c̄ Thrombosis Innominate-Carotid

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Artery Wall

Thrombosis Innominate carotid artery

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

7583

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~466~~
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) 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* 1-24, 1956, *to* 1-27, 1956, *that I last saw the deceased alive on* 1-27, 1956, *and that death occurred at* 5:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard Reeds MD
23b. ADDRESS: 1515 LAFAYETTE AVE.
23c. DATE SIGNED: 1-27-56.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-30-1956
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis Missouri

DATE REC'D BY LOCAL REG.: JAN 28 1956
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd.

(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 emb

by me, ~~or by~~ me, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 46

P. O. Address 384 Lend

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.