

No. 300
10. 48

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39505
State File No. 1003
10345
Registrar's No.

| | | | | | |
|---|------------------------------|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 6 weeks | 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 Miss. Pac. Hosp. Assoc. | | | e. STREET ADDRESS (If rural, give location) 2177 3900 Botanical. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rose | | b. (Middle) McPherson | c. (Last) Jarman | 4. DATE OF DEATH (Month) (Day) (Year) 11 13 56 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1865 | 9. AGE (In years last birthday) 91 | 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) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME Jessie McPherson | | 13b. MOTHER'S MAIDEN NAME Dont Know | | 14. NAME OF HUSBAND OR WIFE Charles Jarman Dec | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Lampkin 3900 Botanical Ave | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis head disease | | | |
| | | ANTECEDENT CAUSES | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Senility | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | | | 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) (Min.) | | 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 10/10/56 , to 11/12/56 , that I last saw the deceased alive on 11/12/56 , and that death occurred at 3:10 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE W.D. (Degree or title) | | | 23b. ADDRESS New Pac Hosp | | 23c. DATE SIGNED 11.13.56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov 16 1956 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cmty | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | |
| DATE REC'D BY LOCAL REG. NOV 13 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd. | |

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

S.P. (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 *W E Morris*.....

Licensed Embalmer No. *336*

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.