

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016792

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1086

Health,
Welfare
Public
Service

4005
300
1-56

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY 0280			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cuba		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Length of stay in lb 7 Weeks				d. STREET ADDRESS (If outside, give location) R.F.D.1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Charles R. Jolley			4. DATE OF DEATH Month 4 Day 18 Year 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/16/1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Sec.	10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and state or country) Steelville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Charles R. Jolley				14. MOTHER'S MAIDEN NAME Alice Fanning			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-16-6579		17. INFORMANT WM. C. Jolley		Address St. Louis 22 Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Abdominal aneurysm							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 022X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from Jan 14/58 to 4/18/58 and last saw her alive on _____ Death occurred at 4/18/58 m on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) W. D. Mueller M.D.				22b. ADDRESS 416 Tucker		22c. DATE SIGNED 4/29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/22/1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis Mo.	(State)			
24. FUNERAL DIRECTOR Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 4-20-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.				

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 10 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 *Francis Williams*

Licensed Embalmer No. *35*

P. O. Address *3840 Lin*

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