

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027086

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7475

S. 300
-1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		Length of stay in lb 26 yrs	d. STREET ADDRESS (If outside, give location) 5463 Delmar Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MR. GEORGE HARRY JAMRICH			4. DATE OF DEATH July 29, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1880		9. AGE (In years last birthday) 77 yrs 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). Retired Mechanic ParksThompsonAssoc.		10b. KIND OF BUSINESS OR INDUSTRY Baltimore, Maryland		11. BIRTHPLACE (City and state or country) USA	
13a. FATHER'S NAME August Jamrich		13b. MOTHER'S MAIDEN NAME Charlotte Bokenhans		14. NAME OF HUSBAND OR WIFE Hazel Papin Jamrich	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 490-22-1777		17. INFORMANT Address Mrs. Geo. H. Jamrich 5463 Delmar	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION CONDITIONS, many, which give rise to above cause (a), starting with underlying cause (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) HTO. D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 24 hrs ?
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 July 29, 1958 to July 29, 1958 and last saw him alive on July 29, 1958 Death occurred at 6:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert M. Foreman MD (Degree or title)			22b. ADDRESS St. Louis 8, Mo		22c. DATE SIGNED 7-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county). (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR ALEXANDER & SONS 6175 Delmar			25. DATE RECD. BY LOCAL REG. JUL 31 1958		26. REGISTRAR'S SIGNATURE Carl Smith MD mkb.

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Jose E McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.