

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

SI-25383 XC-1 652 159

4096 -61-015294  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4096**

DATE AMENDED

INSTEAD OF THIS RECORD FILE AS FOLLOWS

ITEM NO. SHOULD READ

FILED MAY 4 1961  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. LOCATION OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>14 DAYS</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, 915 NO. GRAND AVE.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3615-A CASS AVE.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HERBERT</b> Middle <b>JOLLY</b> Last					4. DATE OF DEATH Month <b>4</b> Day <b>27</b> Year <b>61</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/20/92</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>GLOVERPORT, KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>GREEN JOLLY</b>			13b. MOTHER'S MAIDEN NAME <b>AMANDAY</b>			14. NAME OF HUSBAND OR WIFE <b>REEDA JOLLY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b> <b>WW-I</b>					17. INFORMANT Address <b>REEDA JOLLY (WIFE) SEE #2</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>CEREBRAL VASCULAR THROMBOSIS</b>									
DUE TO (b) <b>CEREBRAL ARTERIOSCLEROSIS</b>									
DUE TO (c) <b>332x</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>9:20 AM</b> Month, Day, Year <b>4/13/61</b>		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 <b>VAH, ST. LOUIS, MO.</b>		COUNTY	STATE			
21. Attended the deceased from <b>4/13/61</b> to <b>4/27/61</b> and last saw <del>him</del> <sup>her</sup> alive on <b>4/27/61</b> Death occurred at <b>9:20 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
23a. SIGNATURE <b>Francis Cuartero</b> (Degree or title)					22b. ADDRESS <b>M.D. VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>4/27/61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/1/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>				
24. FUNERAL DIRECTOR <b>Cunningham &amp; Moore, 2405 Marcus</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>APR 30 1961</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith M.D.</b>			

**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 John K. Cunningham  
Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.