FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6334

Registrar's No. 1673

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
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): 2648 a Spruce St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2648 a Spruce St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) L. c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year): 2 - 18 - 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-28-1896
9. AGE (In years last birthday): 52 — If under 1 year: Months 3, Days 20 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Shapleigh Hdwe. Co.
11. BIRTHPLACE (State or foreign country): Columbia, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Albert Jones
13b. MOTHER'S MAIDEN NAME: Laura L. Jones
14. NAME OF HUSBAND OR WIFE: Winnie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 488-03-9577
17. INFORMANT'S SIGNATURE OR NAME: Winnie Jones, ADDRESS: 2648 a Spruce St.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate Gland — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last*

DUE TO (b) Metastasis to Lumbar Spine

DUE TO (c) Cancer of Prostate Gland

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Metastasis to 1 & 2 Lumbar Vertebrae unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Dec 7, 1948, *to* Feb 18, 1949, *that I last saw the deceased alive on* 2/18, 1949, *and that death occurred at* 7:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: S. E. Moore (Degree or title) MD
23b. ADDRESS: 809 N Jefferson
23c. DATE SIGNED: Feb 21 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-49
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis County Mo.

DATE REC'D BY LOCAL REG. FEB 22 1949
REGISTRAR'S SIGNATURE: J. D. Lacater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ellis Funeral Home, 2820 Stoddard St.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.