

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1561

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u>				b. COUNTY _____			
b. CITY OR TOWN <u>ST Louis</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST Louis</u>		d. STREET ADDRESS (If rural, give location) <u>36<sup>th</sup> S. CHANNING AVE.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hosp.</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u>			b. (Middle) _____			c. (Last) <u>Jones</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1949</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-14-1897</u>		9. AGE (In years last birthday) <u>52</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Rolling Mills</u>		11. BIRTHPLACE (State or foreign country) <u>Vicksburg Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>UNKNOWN.</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>			14. NAME OF HUSBAND OR WIFE <u>UNKNOWN.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>494-07-9470</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Isaac Jones, resident</u>				ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>2-8</u> , 19 <u>49</u> , to <u>2-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-16</u> , 19 <u>49</u> , and that death occurred at <u>7:55 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Oscar L Daniels M. D.</u>				23b. ADDRESS <u>2601 N Whittier</u>				23c. DATE SIGNED <u>2-17-49</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Crem.</u>		24b. DATE <u>2-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) <u>St Louis Mo.</u>		(State) _____			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 18 1949</u>		REGISTRAR'S SIGNATURE <u>J B Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennedou</u>		ADDRESS <u>3103 Washington</u>					

(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

*N. Claude Gordon*

Licensed Embalmer No. \_\_\_\_\_

*3489*

P. O. Address \_\_\_\_\_

*4575 Alden*

**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.