No. 300
10-46

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9914

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2048

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): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsdale
d. STREET ADDRESS (If rural, give location): 2136 Cherry Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Norman c. (Last) Cones
4. DATE OF DEATH (Month) (Day) (Year): Mar. 2 1949
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: Feb. 18 1944
9. AGE (In years last birthday): 5 — 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): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Kansas City Mo. U
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Delbert Cones
13b. MOTHER'S MAIDEN NAME: Dorothy Sullivan
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Delbert Cones ADDRESS: 2136 Cherry Ave.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital absence of Lungs — INTERVAL BETWEEN ONSET AND DEATH: Life

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Lobe ducts 1549
DUE TO (c) Tuberculosis and Bronchus 1 week

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* pneumonia 1 wk

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 1, 1948, *to* Mar 18, 1949, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jos P Costello M.D. (Degree or title)
23b. ADDRESS: 4952 Maryland
23c. DATE SIGNED: 3-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-5-49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: MAR 4 1949
REGISTRAR'S SIGNATURE: J. B. Fassler
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Drehmann-Harral 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

(10 to 2)

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 Albert R Thompson Jr

Licensed Embalmer No. 4257

P. O. Address St. Louis

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