

FILED APR - 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10232

State File No.

2753

Registrar's No.

#80617

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1. 0		d. STREET ADDRESS (If rural, give location) 1908 South Jefferson Avenue.			
3. NAME OF DECEASED (Type or Print) a. (First) Floy b. (Middle) FLOY c. (Last) Idams Jones			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 13, 1906	9. AGE (In years last birthday) 43	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Mill Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Smith		13b. MOTHER'S MAIDEN NAME Ann Eaton		14. NAME OF HUSBAND OR WIFE Robert C. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you served in war or dates of service) Nil	17. INFORMANT'S SIGNATURE OR NAME Unknown	ADDRESS Robert C. Jones-1908 So. Jefferson		
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* Carcinoma of Cervix with Metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hga DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X				INTERVAL BETWEEN ONSET AND DEATH 3 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11/26/49, 19___, to 3/25/49, 19___, that I last saw the deceased alive on 3/26/49, 19___, and that death occurred at 10:00P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John C. Crouse MD		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 3/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/27/49	24c. NAME OF CEMETERY OR CREMATORY Carson Hill	24d. LOCATION (City, town, or county). (State) Mill Springs, Missouri		
DATE REC'D BY LOCAL REG. MAR 27 1949	REGISTRAR'S SIGNATURE J. O. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Robert M. Murray

Licensed Embalmer No. *3749* 0

P. O. Address _____

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.