

FILED APR 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10234
2566

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dad	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2003 Schaeffer Pl.		d. STREET ADDRESS (If rural, give location) 2003 Schaeffer Pl.	

3. NAME OF DECEASED (Type or Print) Laura Jones			4. DATE OF DEATH March 20, 1949					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1879	9. AGE (In years last birthday) 70	10. MONTHS 0	11. DAYS 11	12. HOURS 11	13. MINUTES 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sweden 4		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Carl Lundberg		13b. MOTHER'S MAIDEN NAME Sophia Benson		14. NAME OF HUSBAND OR WIFE Levi Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Harold R. Stoecker 7481 Elm Ave.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H40X		INTERVAL BETWEEN ONSET AND DEATH ?	
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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 June 1946, to March 1949, that I last saw the deceased alive on March 16, 1949, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE Aconrad Maller, M.D.		23b. ADDRESS University Club Bldg		23c. DATE SIGNED 3-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-22-1949		24c. NAME OF CEMETERY OR CREMATORY Mt Lebanon Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. MAR 22 1949		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith 7456 Manchester Rd.	
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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 _____

A. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.