No. 300
10-48

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10743

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2833

11

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

**1. PLACE OF DEATH**
a. COUNTY: Isolation Hosp. 744
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST, Louis,
c. LENGTH OF STAY (in this place): 15-8-47 / 3-25-49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary Hosp. 0

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Two 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST, Louis 9
d. STREET ADDRESS (If rural, give location): 4226 EVANS. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Gordon
b. (Middle):
c. (Last): Tony

**4. DATE OF DEATH** (Month) (Day) (Year): March 25 1949

**5. SEX**: Male 2
**6. COLOR OR RACE**: Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOW'T
**8. DATE OF BIRTH**: MAY 1-1884
**9. AGE** (In years last birthday): 64 — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): ODD JOBS
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): JACKSON MISS.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: PHILLIP TONY
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: Johnnie Jones

**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.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: Jennie Jones
**ADDRESS**: 4226 Evans

**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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

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.

83 b
33 vt

**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* July 7, 1948, *to* March 25, 1949, *that I last saw the deceased alive on* March, 25 1949, *and that death occurred at* 12,50 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. L. Krog MD
**23b. ADDRESS**: 5600 Arsenal St. St Louis
**23c. DATE SIGNED**: March 25 1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 3-30-49
**24c. NAME OF CEMETERY OR CREMATORY**: FATHER DICKSON'S
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS CO.

**DATE REC'D BY LOCAL REG.**: MAR 29 1949
**REGISTRAR'S SIGNATURE**: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Elmer E. Pettis
**ADDRESS**: 3030 Bell Ave

(Licensed Embalmer's Statement on Reverse Side).

Burial
Burial

## 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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 3510 Bell Ave

**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.