

FILED MAY 5 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13876

State File No. 3641

318

1003

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 42 DAYS	a. STATE MISSOURI b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		
		d. STREET ADDRESS (If rural, give location) 4245 WEST MAFFITT		
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)
LUCILLE				JONES
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-5-1902
9. AGE (In years last birthday) 47		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. CHARLES MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME HENRY HEADY		13b. MOTHER'S MAIDEN NAME LIZZIE ROBINSON		14. NAME OF HUSBAND OR WIFE CLARENCE JONES, HUSBAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ST. LOUIS MATERNITY, 630 SO. KINGSHIGHWAY
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.		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Secondary Choroidpithelioma to Brain		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		(b) Choroidpithelioma of lltars		6 mos
DUE TO (c)		Hydatidiform mole of uterus		6 mos -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Secondary choroidpithelioma of vagina		1 mos
		Secondary choroidpithelioma of lungs		1 mos
19a. DATE OF OPERATION 9 MARCH 49		19b. MAJOR FINDINGS OF OPERATION Rupture left comma uterus, pneumoperitoneum, secondary choroidpithelioma vagina		20. AUTOPSY? YES <input checked="" 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 3 March, 1949, to 19 April, 1949 , that I last saw the deceased alive on 19 April, 1949 , and that death occurred at 11:56 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Warrant M. Allen M.D.		23b. ADDRESS 630 S. Kings Highway Blvd.		23c. DATE SIGNED 19 April 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-49	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. APR 23 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Und., Co. 2732 Pine Blvd.

(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. 272

working under my personal supervision.

Signed William M. Brown
Student Embalmer

Signed Clark Young
Licensed Embalmer No. 3371
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.