

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24945
6062
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Pevely	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS N.R. (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Elroy c. (Last) Janes		4. DATE OF DEATH (Month) (Day) (Year) July 9 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 9, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X-ray Technician		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hours _____ Min. _____
11a. FATHER'S NAME William Jones		11b. MOTHER'S MAIDEN NAME Obedience Fudge	11c. NAME OF HUSBAND OR WIFE None
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. 493-07-4547	12c. INFORMANT'S SIGNATURE OR NAME Mary Reace, Pevely, Mo. ADDRESS _____
13a. BIRTHPLACE (State or foreign country) Adair Co., Ky.		13b. CITIZEN OF WHAT COUNTRY? U.S.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. Arteriosclerotic heart disease				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 7400
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2040

22. I hereby certify that I attended the deceased from **7 July 1949** to **9 July 1949**, that I last saw the deceased alive on **9 July 1949**, and that death occurred at **3:30a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward W. Gebhardt, M.D.	23b. ADDRESS 3701 Donald Lane	23c. DATE SIGNED 7/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-9-49	24c. NAME OF CEMETERY OR CREMATORY Lutheran	24d. LOCATION (City, town, or county) (State) Pevely, Mo.
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DATE REC'D BY LOCAL REG. JUL 19 1949	REGISTRAR'S SIGNATURE J. B. Lassiter	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADEING 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, ~~me~~ me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis MO

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.