

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35277  
State File No. 9338  
Registrar's No.

FILED NOV 10 1949

318

1003

BIRTH NO. 67987-49 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	
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	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (Rural, give location) 3433 SUBLETT AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAINT LOUIS MATERNITY			

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) JONES c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 5, 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH OCTOBER 3, 1949
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) B
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME WILLARD FILMORE JONES	13b. MOTHER'S MAIDEN NAME FRANCES STAPLES	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAINT LOUIS MATERNITY HOSPITAL
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Premature infant</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) <i>Incompatible with life</i>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 1949
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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? 776X
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22. I hereby certify that I attended the deceased from 10-3, 1949, to 10-5, 1949, that I last saw the deceased alive on 10-5, 1949, and that death occurred at 12:40 m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. A. Masters</i> (Degree or title)	23b. ADDRESS 638 S. King Highway	23c. DATE SIGNED 10-15-49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE OCT 31 1949	24c. NAME OF FUNERAL HOME	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. OCT 31 1949	REGISTRAR'S SIGNATURE <i>J. B. Farver</i>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Service - 4104 Manchester
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WRITE PLAINLY—USING UNFAADING 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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.