

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35280

State File No. 9127

FILED NOV 5 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4143a Lafayette Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>17- 4143a Lafayette Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b> b. (Middle) c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 22 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep't. 14, 1902</b>
9. AGE (In years last birthday) <b>47</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>National Lead Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Cartrell, Mo.</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>William T. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Mamie Robenold</b>	14. NAME OF HUSBAND OR WIFE <b>Sophie Jones</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sophie Jones 4143a Lafayette Ave.</b>
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) <b>Coronary Occlusion</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) <b>94</b>
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? <b>4201</b>
22. I hereby certify that I attended the deceased from <b>Sept. 10, 1948</b> , to <b>Oct. 22, 1949</b> , that I last saw the deceased alive on <b>Oct. 22, 1949</b> , and that death occurred at <b>1:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. Williamson M.D. U</b>		23b. ADDRESS <b>6336 Clayton Rd.</b>	
23c. DATE SIGNED <b>10-24-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>Oct 24 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Facator</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</b>	

(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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Richard W. Stovesand*

Licensed Embalmer No.

*4007*

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.**