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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1949

State File No. 9046  
 Registrar's No. 3321

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>Saint Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Clair</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>W.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>L.</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 19 49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 22, 1895</u>
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS/OR INDUSTRY <u>Restaurant</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Co., Mo</u>
12. CITY OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Frank Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Louise Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Nell Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>488-07-8011</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nell Jones, St. Clair, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, General</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured duodenal ulcer</u> <u>2. Hemorrhage</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>10-14-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Repairing duodenal ulcer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin (Mo.)</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>52401</u>	
22. I hereby certify that I attended the deceased from <u>Oct 12, 1949</u> , to <u>Oct 19, 1949</u> , that I last saw the deceased alive on <u>Oct 12, 1949</u> , and that death occurred at <u>8:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph Blaney, M.D.</u>		23b. ADDRESS <u>106 Olive</u>	23c. DATE SIGNED <u>10-21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 21 1949 J.B. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Casey &amp; Russell, Fun. Directors, St. Clair, Mo.</u>		

DEC 3 1949

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. 344

working under my personal supervision.

Student Ralph Ottman  
Student Embalmer

Signed E. H. Ottman

Licensed Embalmer No. 1686

P. O. Address Union M

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.