

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35843

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3067</u>		Registrar's No. <u>4257</u>			
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ladue</u>)		c. LENGTH OF STAY (in this place) <u>43</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u>		12			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 Lay Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>909 Lay Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>McKITTRICK</u>		c. (Last) <u>JONES II</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5 February 1909</u>			
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cotton Goods (Commission Agent)</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St Louis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Hugh McKittrick Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Carroll West</u>		14. NAME OF HUSBAND OR WIFE <u>Anne Fitz-Gerald Jones</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>494-03-1978</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HUGH McKITTRICK JONES</u>				ADDRESS <u>500 McKNIGHT RD.</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach with metastases.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
				DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>151X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Sept.</u> , 1947, to <u>Oct. 1</u> , 1949, that I last saw the deceased alive on <u>Oct. 1</u> , 1949, and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Anthony B. Day</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>10-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3 Oct 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-3-49</u>		REGISTRAR'S SIGNATURE <u>Robert R. Douber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C R Lupton and Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Chest / Bell

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Et-7

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.

Signed Arnold W. Schoene.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3864.....

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.