

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38894  
State File No. 9526

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 town) <u>ST. LOUIS,</u>		c. LENGTH OF STAY (In this place) <u>96</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>LADUE</u>		d. STREET ADDRESS (If rural, give location) <u>#1 Appletree Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#14 No. Kingshighway Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>#14 No. Kingshighway Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>ANNETTA.</u>		c. (Last) <u>JONES.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 3, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>August 28, 1866.</u>	
9. AGE (In years last birthday) <u>83.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nashville, Tennessee.</u>	
11. BIRTHPLACE (State or foreign country) <u>Nashville, Tennessee.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Arthur Wands.</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Townsend.</u>	
13a. FATHER'S NAME <u>John Arthur Wands.</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Townsend.</u>		14. NAME OF HUSBAND OR WIFE <u>Irving LeGrand Jones.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. T.B. Armistead;</u>		ADDRESS <u>St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure -</u> ANTECEDENT CAUSES <u>Senility</u> 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. <u>Hemiplegia - Feb 19 49.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>St. Louis</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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 <u>3.5 2X</u>		22. I hereby certify that I attended the deceased from <u>10 years</u> to <u>death</u> , 19____, that I last saw the deceased alive on <u>11/3/49</u> 19____, and that death occurred at <u>5:00 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Charles T. Duder</u> (Death or Title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>11/4/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>11/5/49.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 4 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons;</u>		ADDRESS <u>7233 Delmar Blvd.,</u>	

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.