No. 300
10.48

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

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39515

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4399

1. PLACE OF DEATH
a. COUNTY St Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Co Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryland Hts.
d. STREET ADDRESS (If rural, give location) Midland & Teetee Rds.

3. NAME OF DECEASED (Type or Print)
a. (First) SUG
b. (Middle) Henry
c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 18 1884
9. AGE (In years last birthday) 64 — If under 1 year: Months 11 Days 26 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY St Louis Number
11. BIRTHPLACE (State or foreign country) St Louis Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wiley B Jones
13b. MOTHER'S MAIDEN NAME Martha Adams
14. NAME OF HUSBAND OR WIFE Grace L. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Grace L. Jones — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute — 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) Arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* Hypertensive cardiovascular disease 420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 3, 1949, *to* Nov. 12, 1949, *that I last saw the deceased alive on* Nov. 12, 1949, *and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE R. R. Cohle (Degree or title) M.D.
23b. ADDRESS 601 S. Brentwood, Clayton, Mo.
23c. DATE SIGNED 11-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 14 1949
24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery
24d. LOCATION (City, town, or county) St Louis Co (State)

DATE REC'D BY LOCAL REG. 11-14-49
REGISTRAR'S SIGNATURE Herbert R. Woodke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros
ADDRESS 2804 Woodson Rd Overland Mo

(Licensed Embalmer's Statement on Reverse Side)

SEA

MAY 2

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 3454

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Fairland 14, Ok

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.