No. 300
10.48

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39634

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 04598

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 7 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7546 Milan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 35 University City
d. STREET ADDRESS (If rural, give location): 7546 Milan

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): E.
c. (Last): Jones

4. DATE OF DEATH (Month) Dec. (Day) 3 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March I 1877
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Restarant Owner
11. BIRTHPLACE (State or foreign country): Wichita Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Noknown
13b. MOTHER'S MAIDEN NAME: Noknown
14. NAME OF HUSBAND OR WIFE: Lulu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Royald Jones 7546 Milan U. City

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) Cardio Vascular Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) H. Simply
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH: 422 1

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: None 422.1
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): None
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* Dec 1, 1948, *to* Dec 3, 1949, *that I last saw the deceased alive on* Dec 3, 1949, *and that death occurred at* 12:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jesse H Reilly M.D.
23b. ADDRESS: 6125 Bartmer Ave
23c. DATE SIGNED: 12/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-6-49
24c. NAME OF CEMETERY OR CREMATORY: Mount Lebonan Cem.
24d. LOCATION (City, town, or county) (State): St/Louis County

DATE REC'D BY LOCAL REG.: 12-5-49
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm. Schumacher 3013 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

Dr P.J. REILLY 6125a Bartner
10-11-AM DAILY
2-4 P.M.

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.