

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7153**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **571**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. JOHN'S Station		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John's Station 1/21	
c. LENGTH OF STAY (In this place) 8yrs		d. STREET ADDRESS (If rural, give location) 3543 Marshall Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3543 Marshall Ave			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Paul c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) March 5 1950		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	
8. DATE OF BIRTH Feb. 5 1858		9. AGE (In years last birthday) 92		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) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Jones		13b. MOTHER'S MAIDEN NAME Charlotta Hunt		14. NAME OF HUSBAND OR WIFE Estella	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mabel Bishop 524 Division	
				ADDRESS Morris Ill.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause unknown			INTERVAL BETWEEN ONSET AND DEATH unk
		ANTECEDENT CAUSES 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.			7955

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7955		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Dombek (Degree or title) Registral - Vital Statistics		23b. ADDRESS 651 So. Brentwood Blvd. St. Louis Co. Health Dept.		23c. DATE SIGNED 3/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Mar. 6 1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 6 1950 Herbert R. Dombek		FUNERAL DIRECTOR'S SIGNATURE William Kelly		ADDRESS 7267 Natural Bridge	
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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 James A. Summers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.