

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10645

State File No. 2176

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis		812.4	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmery				d. STREET ADDRESS (If rural, give location) 1729 McCasland Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Willie		b. (Middle) Evans		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1950	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-13-1892	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months --- Days 27		IF UNDER 24 HRS. Hours --- Min. ---			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Waynesboro, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Steve Odum		13b. MOTHER'S MAIDEN NAME Earla Henry		14. NAME OF HUSBAND OR WIFE Wade Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Matie E. Smith		ADDRESS 1729 McCasland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Embolus					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suppurative Appendicitis					
		DUE TO (c) Appendicitis					
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing 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) (STATE)		5500	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 2-21 , 1950, to 3-2 , 1950, that I last saw the deceased alive on 3-2 , 1950, and that death occurred at 10:15 m., from the causes and on the date stated above.							
23a. SIGNATURE D. Earle Hix		b. (Degree or title)		23b. ADDRESS Louisy, Ill.		23c. DATE SIGNED 3-6-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-6-50		24c. NAME OF CEMETERY OR CREMATOR Douglas		24d. LOCATION (City, town, or county) (State) Canton, Township Ill.	
DATE REC'D BY LOCAL REG. MAR 7 1950		REGISTRAR'S SIGNATURE D. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3847 Gage	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed *Mr. Francis Walsh* _____

Licensed Embalmer No. *29134* _____

P. O. Address *3847 Page* _____

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.