

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18320

State File No. \_\_\_\_\_

318

1003

4265

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) <b>10 1/2 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>2415a N. Taylor</b>			
3. NAME OF DECEASED a. (First) <b>Julene</b>		b. (Middle) _____		c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) <b>5</b> (Day) <b>10</b> (Year) <b>50</b>	
5. SEX <b>Fem. 3</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>		8. DATE OF BIRTH <b>5-9-50</b>	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 12 HRS. Hours _____		Min. <b>10 30</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>Gilbert Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Ruby Mitchell</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Jett</b>		ADDRESS <b>2601 N. Whittier</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>				MEDICAL CERTIFICATION 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) _____  DUE TO (c) _____		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) _____		716X (STATE)	
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? _____			
22. I hereby certify that I attended the deceased from <b>5-9</b> , 19 <b>50</b> , to <b>5-10</b> , 19 <b>50</b> that I last saw the deceased alive on <b>5-10</b> , 19 <b>50</b> and that death occurred at <b>9:00a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>August J. Piper M.D.</b>				23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>5-12-50</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>9800 Natural Bridge Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 12 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman J. Smith 4247/ W Labadie Ave.</b>			

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

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**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  .....

Licensed Embalmer No. ....

P. O. Address .....

**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.