

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28339

State File No. 6821

BIRTH NO. 53037-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6821

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		24 STREET ADDRESS (If rural, give location) <u>1918 Cole</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u> b. (Middle) <u>(Twin #1)</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) <u>8</u> (Day) <u>4</u> (Year) <u>50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	
8. DATE OF BIRTH <u>8-4-50</u>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>59</u>	
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) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Elijah Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE	
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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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine M. ...</u> ADDRESS <u>2601 N. Whittier</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		DUE TO (b) <u>Asphyxia</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7625</u>	

22. I hereby certify that I attended the deceased from 8-4-, 1950, to 8-4-, 1950, that I last saw the deceased alive on 8-4-, 1950, and that death occurred at 4:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. ...</u>		23b. ADDRESS <u>M. D. 2601 N. Whittier</u>		23c. DATE SIGNED <u>8-8-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8 AUG 11 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>AUG 11 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> 1104 Manchester Ave. St. Louis 10, Mo.	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.