

FILED OCT 10 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32058

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>2344</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>35 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		<u>4930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. MARINE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>Route #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BRISCOE</u>		b. (Middle) <u>BYRD</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 5, 1905</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Joe Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Bittie Knight</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. 1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinical Rec. of U.S. Marine Hosp. Kirkwood</u>			
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.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>				DUE TO (b) <u>Pulmonary embolism;</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertensive cardiovascular disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>10 yrs.</u>			
19a. DATE OF OPERATION <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>X</u>		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 26</u> , 19 <u>50</u> , to <u>Sept. 30</u> , 19 <u>50</u> , that I last saw the deceased <u>alive on Sept. 30</u> , 19 <u>50</u> , and that death occurred at <u>7:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sutter</u> E. C. SUTTER, S. A. Surg. IJSPHS				23b. ADDRESS <u>U.S. Marine Hosp., Kirkwood, Mo.</u>		23c. DATE SIGNED <u>9-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVALS</u>		24b. DATE <u>Oct 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Maneville, Tenn</u>		24d. LOCATION (City, town, or county) (State) <u>Mc Maneville, Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>10-2-50</u>		REGISTRAR'S SIGNATURE <u>W. R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister 147 Co. 7814 2 Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Ave

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

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