

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 35250  
Registrar's No. 2476No. 10-48  
XC 16 186 230  
REG. # 86647BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>8120</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>99 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS. ADM. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>229 GERSON STREET</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILTON</u>	b. (Middle) <u>R.</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-50</u>
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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>11-17-22</u>	9. AGE (In years last birthday) <u>28 27</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BRIGHTON, ILLINOIS /</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HARRY E. JONES</u>	13b. MOTHER'S MAIDEN NAME <u>LILLIE ZIEGENBEIN</u>	14. NAME OF HUSBAND OR WIFE <u>JANNELL JONES</u>
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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) <u>YES WW-II</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>April 50</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HODGKINS SARCOMA WITH SURGICAL REMOVAL STOMACH, HEMORRHAGE, PART OF PANCRESS FOLLOWED BY INTERNAL HEMORRHAGE.</u>		
	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.			<u>201X</u>

19a. DATE OF OPERATION <u>9-27-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>HODGKINS SARCOMA</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-5, 19 50, to 10-14, 19 50, ~~and that death occurred at~~ 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>surgeon</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS., MO.</u>	23c. DATE SIGNED <u>10-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BRIGHTON, Ill</u>	24d. LOCATION (City, town, or county) (State) <u>BRIGHTON Ill</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 14 1950 [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 4 1953

JUL 24 1956

OCT 31 1952

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 *Van M Sizemore*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *ST LOUIS, Mo*

**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.