

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38670

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9898

2009
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1941 Hodiament Ave		d. STREET ADDRESS (If rural, give location) 1941 Hodiament Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) G. c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Heater	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hillsboro Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Green Jones	13b. MOTHER'S MAIDEN NAME Margaret Arnold	14. NAME OF HUSBAND OR WIFE Maggie Jones
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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) NO	16. SOCIAL SECURITY NO. 490-12-3639	17. INFORMANT'S SIGNATURE OR NAME Maggie Jones	ADDRESS 1941 Hodiament Ave
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial damage			3 wks
	DUE TO (c) Anterior Coronary			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. occlusion			3 wks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4501
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22. I hereby certify that I attended the deceased from Oct 30, 1950, to Nov 20, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE D. Jones M.D.	(Degree or title)	23b. ADDRESS 4552 Maryland	23c. DATE SIGNED 11/20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 22 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. NOV 21 1950	REGISTRAR'S SIGNATURE J. W. Clark	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiament Ave
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Dr. Sam H. Pranger
4952 Maryland Ave
Ro 3065

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.....
Student Embalmer

Signed Alfred J. Boedeker
Licensed Embalmer No. 3663

P. O. Address 1125 Hollywood

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.