No. 300
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FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39307

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2891

4007

1. PLACE OF DEATH
a. COUNTY: ST LOUIS COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Webster Groves
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 104 Reasner Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Webster Groves Mo
d. STREET ADDRESS (If rural, give location): 104 Reasner Ave 4577

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Nov 29 - 1950

5. SEX: MALE
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug 31 - 1877
9. AGE (In years last birthday): 73 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: FRANK JONES
13b. MOTHER'S MAIDEN NAME: MRS SUSAN BARKLEY
14. NAME OF HUSBAND OR WIFE: MRS ARBELL JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Mrs Arbell Jones — ADDRESS: 104 Reasner Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stricture of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Enlarged tumor in throat
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
231X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 231X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. I hereby certify that I attended the deceased from 9 - 18, 1950, to 11-29, 1950, that I last saw the deceased alive on 11-29, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE: Frazier D. Alexander (Degree or title): MD
23b. ADDRESS: 177 E. Kirkham Webster Groves
23c. DATE SIGNED: 11-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Dec 1-1950
24c. NAME OF CEMETERY OR CREMATORY: FATHER DICKSON
24d. LOCATION (City, town, or county) (State): KIRKWOD Mo

DATE REC'D BY LOCAL REG.: 11/30/50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Theodore G. Davidell — **ADDRESS**: 130 Eldridge

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 8 1967

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 Theodore T. Yandell

Signed.....
Student Embalmer

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge

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.