

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

1003

State File No. 1319
Registrar's No.

BIRTH NO. 21 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2259	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 10 No. 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hospo-1			

3. NAME OF DECEASED (Type or Print) William Jones	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year) 9 1 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1895 Oct 26	9. AGE (In years last birthday) (Month) (Day) (Year) (Hour) (Min.) 56
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10a. USUAL OCCUPATION (Active kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wick	13b. MOTHER'S MAIDEN NAME Wick	14. NAME OF HUSBAND OR WIFE Wick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME F.O. Taylor / 300 Clark	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Lower DUE TO (c) PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH
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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H90X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Coroner	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2.9.51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 9-51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. FEB 9 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmus	ADDRESS 3125 Kayton
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WRITE PLAINLY—USING UNEADING 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 _____

Students of Mortuary College
working under my personal supervision.

Student Embalmer No.

Signed James A. Lammers

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.