

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10257

State File No. _____
Registrar's No. **2102**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 2102		
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. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 19 4406 McPherson						
3. NAME OF DECEASED (Type or Print)		a. (First) Earl		b. (Middle) Gillis		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) March 4 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 6 1895			9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchandise Manager		10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? Mo.				
13a. FATHER'S NAME Frank Jones			13b. MOTHER'S MAIDEN NAME Mary Clendenen			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. I		16. SOCIAL SECURITY NO. 073-05-3693		17. INFORMANT'S SIGNATURE OR NAME Harold Frost, 2710 S. Grand Blvd.						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Peptic ulcer, bleeding ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hypoxia				INTERVAL BETWEEN ONSET AND DEATH 7 days		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
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) _____		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 5411								
22. I hereby certify that I attended the deceased from March 2, 1951 , to March 4, 1951 , that I last saw the deceased alive on March 4, 1951 , and that death occurred at 10:10a m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) FR Bradley M.D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 3/4/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/7/51		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Boston, Massachusetts				
DATE REC'D BY LOCAL REG. MAR 5 1951		REGISTRAR'S SIGNATURE J. P. Kalata			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.					

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

AUG 7 1951

OCT 1 1951

MAR 26 1951

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 Albert R. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. 4237

P. O. Address.....

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.