

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10259

FILED MAR 19 1951

State File No. \_\_\_\_\_

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2681**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2681</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>6 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>East St. Louis</b>		8/28			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2715 Missouri Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b>		b. (Middle) _____		c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3/3/51</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan 24 1914</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <b>37</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bank Porter</b>		11. BIRTHPLACE (State or foreign country) <b>Gould, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth Jones</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Jones</b>		ADDRESS <b>2715 Mo. Ave E. St. Louis, Ill.</b>			
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				18. INTERVAL BETWEEN ONSET AND DEATH	
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. <b>Poisonous New Marriage</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) _____				DUE TO (c) _____	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>					
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 <b>9:35 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>3 Deputy Registrar</b>				23b. ADDRESS <b>1900 Clark</b>		23c. DATE SIGNED <b>MAR 3/3/51</b>			
24a. BURIAL PLACE (If removal) <b>5</b>		24b. DATE <b>3/3/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>E. St. Louis</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>MAR 5 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Trotter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. Officer</b>		ADDRESS <b>2114 Mo. Ave E. St. Louis, Ill.</b>			

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.