

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10260

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2510

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2510	
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 town) St. Louis		c. LENGTH OF STAY (in this place) 40		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 71 325 Garrison Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) March 13 1951				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 10, 1865	
9. AGE (In years last birthday) 95		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foundry		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Christian County, Ky.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Will Jones		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Jones (dec'd)	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jannette Clay 325 S Garrison			
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) Probable G. I. Malignancy INTERVAL BETWEEN ONSET AND DEATH Undet. ANTECEDENT CAUSES DUE TO (b) Inanition and Dehydration 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. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 157K			
22. I hereby certify that I attended the deceased from 3-3 19 51, to 3-13 19 51, that I last saw the deceased alive on 3-13 19 51, and that death occurred at 11325th., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) J. Thompson, D.O.				22b. ADDRESS 2601 N Whittier St		22c. DATE SIGNED 3-15-51	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE March 19 51		22c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		22d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REG. MAR 17 1951		REGISTRAR'S SIGNATURE		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Undertaking Co. 2732 Pine			

(Licensed Embalmer's Statement on Reverse Side)

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

2761 20  
1422

**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 Clark Yarnes

Licensed Embalmer No. 3371

P. O. Address J. F. Yarnes

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.