

14396

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1951

State File No.

3101

1003

Registrar's No.

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

BIRTH NO.

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. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 2938 Hickory	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle)		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) March 31 1951	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 1, 1917		9. AGE (In years last b-day) 33	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Sam Caldwell			13b. MOTHER'S MAIDEN NAME Aberten Williams		14. NAME OF HUSBAND OR WIFE Andrew Jones, husband		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Andrew Jones, Husband, Same address			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. None					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Mitral Stenosis and Cardiac Failure DUE TO (c)				Undet.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H O X	

22. I hereby certify that I attended the deceased from 2-20, 1951, to 3-31, 1951, that I last saw the deceased alive on 3-31, 1951, and that death occurred at 11:55p m., from the causes and on the date stated above.

23a. SIGNATURE Wm J Thompson		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April		24c. NAME OF CEMETERY OR CREMATOR Washington Park	
24d. LOCATION (City, town, or county) (State) St Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green		ADDRESS 4214 Delmar	
DATE REC'D BY LOCAL REG. APR 3 1951		REGISTRAR'S SIGNATURE J B Lanter			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Christal C. Lewis

Student Embalmer No. *408*

working under my personal supervision.

Student

Christal C. Lewis
Student Embalmer

Signed

F. A. Green

Licensed Embalmer No.

2963

P. O. Address

4214 Delmar

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.