

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15090
Registrar's No. 952

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 952			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY	
b. CITY OR TOWN <u>PIKE LAWN.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Sullivan Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1424 Salisbury</u>				0	
3. NAME OF DECEASED (Type or Print) <u>Oscar</u>		a. (First)		b. (Middle) <u>A.</u>		c. (Last) <u>Jones</u>			
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>12</u>		(Year) <u>1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-31-1873</u>			
9. AGE (In years, last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cool miner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Phenus Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Jones - 1424 Salisbury</u>					
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) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-vascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) <u>Arteriosclerotic dementia</u> } 2) <u>Old cerebral hemorrhage.</u> }						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>4 years</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>							
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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?					
22. I hereby certify that I attended the deceased from <u>March 7, 1951</u> , to <u>April 12, 1951</u> , that I last saw the deceased alive on <u>April 9, 1951</u> , and that death occurred at <u>1 1/2</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Lewis Littmann</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>4/12/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hosey Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Wierco Kansas</u>			
DATE REC'D BY LOCAL REG. <u>4/12/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw Koch + Son</u> ADDRESS <u>3516 N. 14th St. Louis, Mo</u>					

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Peter B. Dubrowick*

Signed.....
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo*

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.