

FILED AUG 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28391
6940

BIRTH NO. 566625-57		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1004		Registrar's No. 6940	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Fenton		4770	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) Valley Park #2 Box 410a			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Louise		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) Aug 2, 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED single		8. DATE OF BIRTH July 30, 1951		9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert P Jones			13b. MOTHER'S MAIDEN NAME Doris Hendricks		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Robert P Jones Valley Park #2 Box 410a			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)						INTERVAL BETWEEN ONSET AND DEATH Instantaneous
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) Asphyxia ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rh factor - Erythroblastosis DUE TO (c) Premature labor due to possible injury sustained in auto accident						Congenital
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? 770.50			
22. I hereby certify that I attended the deceased from 7/30, 1951, to 8/2, 1951, that I last saw the deceased alive on 8/2, 1951, and that death occurred at 4:00A m., from the causes and on the date stated above.							
23a. SIGNATURE Clara M. Sebels, M.D.				23b. ADDRESS Valley Park, Mo.		23c. DATE SIGNED 8/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/4/51	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.		
DATE REC'D BY LOCAL REG. AUG 3 1951		REGISTRAR'S SIGNATURE J. B. L... ..		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS L Ziegenhein & Sons 7027 Gravois			

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Neville B. Prohwitter

Licensed Embalmer No.

3696

P. O. Address

7027 Gravois

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.