

No. 300
10.45

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28928

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3054

1. PLACE OF DEATH
a. COUNTY St. Louis #102
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheatstan Groves
c. LENGTH OF STAY (in this place) 2 wks
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION St. Louis County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves #597
d. STREET ADDRESS (If rural, give location) 111 Reshoy

3. NAME OF DECEASED
a. (First) RUTH b. (Middle) _____ c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 31, 1951

5. SEX Female
6. COLOR OR RACE negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 4, 1899

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Tunica, Miss!

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Anthony Smith

13b. MOTHER'S MAIDEN NAME Ellen Allen

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. 498-14-6147

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Daniels 924 Bell W. Groves

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) small bowel obstruction
DUE TO (c) 5705
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HOVD - Uremia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-16-1951, to 8-31-1951, that I last saw the deceased alive on 8-31-1951, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George R. Krietmeyer M.D.

23b. ADDRESS 601 S. Brentwood, Clayton, Mo.

23c. DATE SIGNED 9-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 9/5/51

24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo

DATE REC'D BY LOCAL REG. 9-4-51

REGISTRAR'S SIGNATURE Herbert R. Rombe MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade GRANBERRY 4202 Finney

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, 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.