

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28929**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **2991**

1. PLACE OF DEATH a. COUNTY, <b>St. Louis</b> <b>40020</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>25 TOWN Maryland Heights Rural 4250</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Edgeworth Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Stanley</b> b. (Middle) <b>Otis</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 24, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>April 1, 1932</b>	9. AGE (In years last birthday) <b>19</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aclede Gas Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Bridgeton, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Norman Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Beulah Bright</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>487-30-7022</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Norman Jones Robertson, Mo. R#1</b> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) brain injury, deceased was operating a car that overturned in highway</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) _____		
DUE TO (c) _____		<b>8224</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>32</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>400</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Maryland Heights, St. Louis, Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8/25/51 4:00A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>blunt impact to head</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arnold J. Willmann, Coroner</b>	23b. ADDRESS <b>Clayton, 5, Missouri</b>	23c. DATE SIGNED <b>8/27/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-27-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fattonville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-27-51</b>	REGISTRAR'S SIGNATURE <b>Robert P. Dombke, Md.</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Blummann, Brod. Insd.</b> ADDRESS <b>2504 Woodson Rd-Overland-14-Mo.</b>
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland IX

**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.