S. No. 300
v. 10-48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31195

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY St. Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles c. LENGTH OF STAY (In this place) 12 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mary Ridge 4000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital	d. STREET ADDRESS (If rural, give location) 3519 Westridge Lane. 1

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Fenton	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31. 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 8. 1929	9. AGE (In years last birthday) 22 Months 6 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin Jones	13b. MOTHER'S MAIDEN NAME Marie Robison	14. NAME OF HUSBAND OR WIFE Never Married		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495 28 2852	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjiman Jones 3519 Westridge Lane		

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

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	2 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Congenital Aneurysm of Brain	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatic heart Disease	15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7546	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) m.	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* May, 1949, *to* Aug 31, 1951, *that I last saw the deceased alive on* Aug 31, 1951, *and that death occurred at* 2:34 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Paul R Vatterott (Degree or title) MDO	23b. ADDRESS 10300 St Charles Rd. (N)	23c. DATE SIGNED 8/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9)3)51	24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	24d. LOCATION (City, town, or county) St. Louis County (State) Mo.
DATE REC'D BY LOCAL REG. 8-31-51	REGISTRAR'S SIGNATURE Fannie Hamilton 284	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier's Funeral Home 10123 St. Chas. Rd.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 10 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.