

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35227**
8735
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** / PRIMARY REG. DIST. NO. **1005**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 11457a Academy Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) R. c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12, 1896
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Designer	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13. BIRTHPLACE (State or foreign country) Illinois	
13a. FATHER'S NAME Robert H. Jones		13b. MOTHER'S MAIDEN NAME Mary O'Malley	
14. NAME OF HUSBAND OR WIFE Mary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 567-18-2874		17. INFORMANT'S SIGNATURE OR NAME Mary Schutte Jones	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Melano Sarcoma of liver</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		19. MEDICAL CERTIFICATION Metastatic Melano Sarcoma of liver Antecedent Causes Melano Sarcoma of right eye <i>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 192X		22. I hereby certify that I attended the deceased from April 6, 1951 , to Sept. 30, 1951 , that I last saw the deceased alive on Sept. 30, 1951 , and that death occurred at 8:15a m. , from the causes and on the date stated above.	
23a. SIGNATURE John L. Haidt, M.D. (Degree or title)		23b. ADDRESS 634 N. Grand Blvd.,	
23c. DATE SIGNED 10-2-51		24. BUREAU, CREMATION REMOVAL (Specify) Removal	
24a. DATE 10-5-51		24b. NAME OF CEMETERY OR CREMATORY Lake Charles	
24c. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
25. ADDRESS 4700 Washington Blvd.		DATE REC'D BY LOCAL REG. OCT 3 1951	

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

Robert M. Murray

Licensed Embalmer No.

3749

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.