

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35232

FILED NOV 2 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 9163

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place)		d. CITY (If outside corporate limits, write RURAL and give township) <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4134 ALDINE</u>	
3. NAME OF DECEASED a. (First) <u>Sam</u> (Type or Print)		b. (Middle)	
c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-15-1901</u>
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	
11. BIRTHPLACE (State or foreign country) <u>MOBILE ALA.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>SAM JONES</u>		13b. MOTHER'S MAIDEN NAME <u>BELL THOMAS</u>	
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) <u>W. W. WARREN</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Essie Francis 4134 ALDINE</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Undetermined</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ii. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>HIT BY TRUCK</u>		22. I hereby certify that I attended the deceased from <u>10-10-</u> , 19 <u>51</u> , to <u>10-14-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-14</u> , 19 <u>51</u> , and that death occurred at <u>7:50p</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Warren W. Warren M. D.</u>		23b. ADDRESS <u>2601 N Whittier St.</u>	
23c. DATE SIGNED <u>10-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>JEFF. BARNETT MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bernice Love 3103 Washington</u>	
DATE REC'D BY LOCAL REG. <u>OCT 17 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>	

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 _____
X Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.