

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39210

State File No.

FILED DEC 8- 1951

318

1003

Registrar's No. 9901

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u> admission) _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>		c. LENGTH OF STAY (In this place) <u>18 DRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRIDGETON TERRACE</u> <u>4090</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>DE PAUL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4337 ST. CECELIA AV</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>E.</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 6 1951</u>				
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M. I</u>		8. DATE OF BIRTH <u>7-8-84</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Days _____		IF UNDER 4 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNEMPLOYED</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>CHARLES JONES</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JONES</u>		14. NAME OF HUSBAND OR WIFE <u>IRENE JONES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRENE JONES 4337 ST. CECELIA</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARALYTIC ILEUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>POST OPERATIVE FIBRINOUS PERITONITIS</u> DUE TO (c) <u>DOUBLE CARCINOMA OF COLON</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 DAYS</u>	
19a. DATE OF OPERATION <u>29 Oct 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>DOUBLE CARCINOMA OF COLON</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>152X</u>			
22. I hereby certify that I attended the deceased from <u>20 OCT, 1951</u> , to <u>6 NOV, 1951</u> , that I last saw the deceased alive on <u>6 Nov, 1951</u> , and that death occurred at <u>11:55 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph A. Gray M.D.</u>				23b. ADDRESS <u>De Paul Hospital St. Louis, Mo.</u>		23c. DATE SIGNED <u>8 Nov 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>11/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>NOV 8</u>		REGISTRAR'S SIGNATURE <u>Joseph A. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Colliers Funeral Home 10123 St. Charles, Mo.</u>			

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 1012 3rd St. Ches. R.

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.