

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29645**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7375**

FILED AUG 23 1952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City</b>	
c. LENGTH OF STAY (in this place) <b>0</b>		d. STREET ADDRESS (If rural, give location) <b>2502 Grand Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>Mina</b>	b. (Middle) <b>Adele</b>	c. (Last) <b>Jones</b>	(Month) <b>July</b>	(Day) <b>30</b> (Year) <b>1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 19, 1919</b>	9. AGE (In years last birthday) <b>33</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Granite City, Illinois</b>	
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Joseph Spengler</b>	13b. MOTHER'S MAIDEN NAME <b>Della Bell</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Jones</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Jones</b> ADDRESS <b>Granite City, Ill.</b>

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		19. INTERVAL BETWEEN ONSET AND DEATH <b>10 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Breast</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>170X</b>

22. I hereby certify that I attended the deceased from **June 16, 1952** to **July 30, 1952**, that I last saw the deceased alive on **July 30, 1952**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Benjamin H. Charles, M.D.</b> (Degree or title)	23b. ADDRESS <b>Two Pac. Hospital - St. Louis, Mo.</b>	23c. DATE SIGNED <b>July 31, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 30, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns</b>
		24d. LOCATION (City, town, or county) (State) <b>Granite City, Illinois</b>

DATE RECD BY LOCAL HEALTH DEPT. <b>AUG 1 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Melick</b> ADDRESS <b>Granite City, Ill.</b>
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G.P. (Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City

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.