

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29648**  
Registrar's No. **8056**

**FILED SEP 8 - 1952**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| <b>1. PLACE OF DEATH</b><br>a. COUNTY<br><br>b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis 0</b><br>c. LENGTH OF STAY (in this place)<br><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b> |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bertrand 0670</b><br>d. STREET ADDRESS (If rural, give location) |  |
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| <b>3. NAME OF DECEASED</b><br>a. (First) <b>Winnifred</b> b. (Middle) <b>A.</b> c. (Last) <b>Jones</b><br>(Type or Print) |   |   | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><b>Aug. 25, 1952</b> |   |  |  |
| <b>5. SEX</b><br><b>Female</b>  | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>Widow</b> | <b>8. DATE OF BIRTH</b><br><b>Jan. 18, 1884</b>                         | <b>9. AGE</b> (In years last birthday)<br><b>68</b>                                     | IF UNDER 1 YEAR<br>Months Days Hours Mins. | IF UNDER 24 HRS.<br>Hours Mins.                    |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>    |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>At Home</b>                    |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Federicktown, Mo. 0</b> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.</b> |

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| <b>13a. FATHER'S NAME</b><br><b>Charles Williams</b>   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Sylvia Koeth</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Elbert P.</b>                                 |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>None</b>           | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><b>Peter J. Jones, 3669 Manola</b> |

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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)   | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Diabetes Mellitus</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis.</b><br>DUE TO (c) |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br>years. |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |

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| <b>19a. DATE OF OPERATION</b>                          | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>No surgery.</b>  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                     |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b><br><b>260X</b>   |

**22. I hereby certify that I attended the deceased from April 29, 1952, to Aug. 25, 1952, that I last saw the deceased alive on August 25, 1952, and that death occurred at 11:25 a.m., from the causes and on the date stated above.**

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| <b>23a. SIGNATURE</b><br><br>(Degree or title) <b>M.D.</b> | <b>23b. ADDRESS</b><br><b>4930 Lindell Boulevard Saint Louis 8, Mo.</b> | <b>23c. DATE SIGNED</b><br><b>8-25-52</b>                     |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Removal 4</b>  | <b>24b. DATE</b><br><b>8-27-52</b>                                      | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Oak Grove</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>Charleston, Mo.</b> |

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|---|---|---|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>AUG 25 1952</b> | <b>REGISTRAR'S SIGNATURE</b><br> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><b>Albert H. Hoppe, 4700 Washington Blvd</b> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 J. Wm. Dunblay

Licensed Embalmer No. 3653

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.