

FILED SEP 5-1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29651
Registrar's No. 7607

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 29651		Registrar's No. 7607							
1. PLACE OF DEATH a. COUNTY 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS											
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS			c. LENGTH OF STAY (in this place) NIL			c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD 621			4624						
d. FULL NAME OF HOSPITAL OR INSTITUTION ACCIDENT-FYLER BRIDGE				d. STREET ADDRESS (If rural, give location) 7156 WELLINGTON CT.											
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD			b. (Middle) M			c. (Last) JUMPER JR			4. DATE OF DEATH (Month) (Day) (Year) 8 9 52						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3		8. DATE OF BIRTH 12-14-1922		9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months Days 7 26		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN				10b. KIND OF BUSINESS OR INDUSTRY PRODUCE		11. BIRTHPLACE (State or foreign country) ST. LOUIS - MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S. A					
13a. FATHER'S NAME EDWARD M JUMPER SR				13b. MOTHER'S MAIDEN NAME IRENE BUTTS				14. NAME OF HUSBAND OR WIFE NONE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		(If yes, give war or dates of service) WW-2		16. SOCIAL SECURITY NO. 351-09-1917		17. INFORMANT'S SIGNATURE OR NAME IRENE JUMPER				ADDRESS 7156 WELLINGTON					
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, asthma, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>amunited fracture of skull</i> <i>Location of brain, suffered under car operated by driver</i> ANTECEDENT CAUSES <i>artery 2' length is cut out of control on Fyler Bridge and plunged to ground below</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>exact time unknown Aug 9</i> DUE TO (b) <i>accident</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>exact time unknown Aug 9</i>								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1952 <i>accident</i>						20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Bridge</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 9 52 ? m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>see</i> E8234					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>3109 m.</i> , from the causes and on the date stated above. <i>31</i>															
23a. SIGNATURE <i>Cathel E Taylor</i> (Degree or title) <i>Covered</i>						23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>8 11 52</i>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>8-12-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MT-LEBANON-CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS - COUNTY MO</i>									
DATE REC'D BY LOCAL REG. <i>AUG 11 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>JAY B SMITH</i>		ADDRESS <i>7456 MANCHESTER - MAPLEWOOD</i>									

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

MO

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 Anthony Bonn

Licensed Embalmer No. 4615

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.