.S. No. 300
EV. 10-48

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33085

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7435

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2903 - GRAVOIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY 1 4356
d. STREET ADDRESS (If rural, give location) 6929 CORBETT

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FRED c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) AUG. 2 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEB. 7 1884
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER
10b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY CITY DEPT.
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME WILLIAM JONES
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF ~~HUSBAND OR~~ WIFE MABEL JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO.
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ETHEL SINAK 2903 - GRAVOIS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis (Chronic) 6 mo
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 6-10, 1952, *to* 8-2, 1952 *that I last saw the deceased alive on* 8-2, 1952 *and that death occurred at* 4:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Leo V Reilly (Degree or title)
23b. ADDRESS 730 Hodiamont
23c. DATE SIGNED 8-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE AUG. 5 1952
24c. NAME OF CEMETERY OR CREMATORY NEW PENDLETON CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO

DATE REC'D BY LOCAL REG. AUG 4 1952
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

730 Hodiamont
Lee 6558
10 to 12 a m - mon
6 to 8 p m - mon

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Homer C Dill

Signed.....
Student Embalmer

Licensed Embalmer No. 43479

P. O. Address 2906 Gravois

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.