

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36535

OCT 21 1952

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State File No.

Registrar's No. 9270

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 9270			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis MO</i>			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis MO</i>			219	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>21 3309h Laclede Ave</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Laura</i>			b. (Middle)		c. (Last) <i>Jones</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 5 1952</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cauc</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>May 22, 1894</i>		9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>12</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <i>Causekeeper</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Jackson County Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Arthur Bridges</i>			13b. MOTHER'S MAIDEN NAME <i>Calon Pierce</i>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Pinkie Jones</i>				ADDRESS <i>3309h Laclede Ave</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetes Mellitus</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>	
		ANTECEDENT CAUSES DUE TO (b) <i>Undetermined</i> <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS <i>Myocardial</i> <i>Arteriosclerotic Heart Disease</i> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>260X</i>					
22. I hereby certify that I attended the deceased from <i>9-26</i> , 19 <i>52</i> , to <i>10-5</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10-5</i> , 19 <i>52</i> , and that death occurred at <i>8 a</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Edward B. Williams M.D.</i>				23b. ADDRESS <i>2601 N Whittier St</i>		23c. DATE SIGNED <i>10-7-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-9-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>				
DATE REC'D BY LOCAL REG. <i>OCT 7 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>W. L. Beal Und. Co. 4303 Delmar</i>					

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 Leroy M. Dannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave.

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.