

STANDARD CERTIFICATE OF DEATH

40357

State File No. _____

DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10746**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3007 Montgomery Residence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
		d. STREET ADDRESS (If rural, give location) 11 3007 Montgomery	

3. NAME OF DECEASED (Type or Print) Mary		a. (First)	b. (Middle)	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1952	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 14, 1884	9. AGE (In years last birthday) 68	# UNDER 1 YEAR 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Union, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Purfy	13b. MOTHER'S MAIDEN NAME Eliza Smith	14. NAME OF HUSBAND OR WIFE Green Jones
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bessie Sanders	ADDRESS 2606 Thomas St.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>bedside</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart attack</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <i>4201</i>

22. I hereby certify that I attended the deceased from *Aug*, 1952 to *11-14-*, 1952 that I last saw the deceased alive on *11-19-*, 1952, and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>M. K. ...</i>	(Degree or title) <i>me</i>	23b. ADDRESS <i>3409 Union</i>	23c. DATE SIGNED <i>11-22-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Saxton, Missouri
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DATE REC'D BY LOCAL REG. <i>12 2 1952</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FERRIS DRUMMOND'S SIGNATURE <i>F. R. ...</i>	ADDRESS 1221 N. Grand Blvd.
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(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

Guyton Swan

Licensed Embalmer No. *45*

P. O. Address *1221 N Grand*

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.