

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

0589

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|  |                             |   |   |
|--|-----------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>   |                             | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |   |
| c. LENGTH OF STAY (In this place)<br><u>10 yrs.</u>  |                             | 2179  |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Home 17 Washington Terrace</u>  |                             | d. STREET ADDRESS (If rural, give location)<br><u>17 Washington Terrace</u>   |   |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Clarence</u><br>a. (First)   |                             | b. (Middle) <u>Jones</u><br>c. (Last)   |   |
| DATE OF DEATH (Month) (Day) (Year)<br><u>1 16 53</u>   |                             |   |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH <u>Oct. 11 - 1914</u>                            |
| 9. AGE (In years last birthday) <u>38</u>  |                             | 10. UNDER 1 YEAR  | 10. UNDER 1 HRS.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Janitor</u>  |                             | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Tenn</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>   |                             |   |   |
| 13a. FATHER'S NAME<br><u>unknown</u>   |                             | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Alberta Jones</u>  |                             |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                             | 16. SOCIAL SECURITY NO.<br><u>41-12-3345</u>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Alberta Jones</u>  |                             | ADDRESS<br><u>17 Washington Terrace</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Chronic Endocarditis</u><br>DUE TO (c) <u>Coronary Sclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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)  |                             | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?<br><u>4201</u>  |                             |   |   |
| 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 <u>11:20</u> m., from the causes and on the date stated above. |                             |   |   |
| 23a. SIGNATURE<br><u>Patrick E Taylor</u> (Degree or title) <u>Coverer</u>   |                             | 23b. ADDRESS<br><u>1300 Clark</u>   |   |
| 23c. DATE SIGNED<br><u>1. 19. 53</u>   |                             |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |                             | 24b. DATE<br><u>1-20-53</u>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lake Dale Cemetery</u>  |                             | 24d. LOCATION (City, town, or county) (State)<br><u>Tenn</u>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. C. Gushow</u>  |                             | ADDRESS<br><u>2930 Dickson St</u>   |   |
| DATE REC'D BY LOCAL REG.<br><u>JAN 19 1953</u>   |                             | REGISTRAR'S SIGNATURE<br><u>W. C. Gushow</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JAN 28 1953

318

1003

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

*Arthur L. Heilbrord*

Licensed Embalmer No. *4221*

P. O. Address *4524 Aldine*

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.