

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3306

0093

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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn 4151</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>   |                               | d. STREET ADDRESS (If rural, give location) <b>4025 Beachwood</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Clarence</b> b. (Middle) <b>Lee</b> c. (Last) <b>Jones</b>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4, 1953</b> |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>Sept. 18, 1897</b>                    |
| 9. AGE (In years last birthday) <b>55</b>   |                               | 10. UNDER 1 YEAR Months Days Hours Min.  | 11. BIRTHPLACE (State or foreign country) <b>Arkansas</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seller</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Bank</b>  |   |
| 11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |   |
| 13a. FATHER'S NAME <b>Melvin Jones</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |   |
| 14. NAME OF HUSBAND OR WIFE <b>Margaret</b>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   |
| 16. SOCIAL SECURITY NO. <b>498-12-2696</b>  |                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Margaret Jones, 4025 Beachwood</b>   |   |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.                               |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Deferated Peptic ulcer</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b> |   |
| INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>  |                               | 19. DATE OF OPERATION  |   |
| 19b. MAJOR FINDINGS OF OPERATION  |                               | 20. AUTOPSY? 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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY   |   |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 21f. HOW DID INJURY OCCUR? <b>5401</b>   |   |
| 22. I hereby certify that I attended the deceased from <b>Jan 3, 1953</b> , to <b>Jan 4, 1953</b> , that I last saw the deceased alive on <b>Jan 3, 1953</b> , and that death occurred at <b>12:41 a.m.</b> , from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE <b>Arthur Swaleson M.D.</b> (Degree or title)  |                               | 23b. ADDRESS <b>2202 University St.</b>  |   |
| 23c. DATE SIGNED <b>1/5/53</b>  |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |   |
| 24b. DATE <b>1-7-53</b>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>  |   |
| 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>   |                               | DATE REC'D BY LOCAL REG. <b>JAN 5 1953</b>   |   |
| REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>   |   |

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

*J. Wm Bentley*

Licensed Embalmer No. 3653

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.