

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3314**

BIRTH NO. **5030** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0846**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E St. Louis 8120</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>4618 Market 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Infirmary</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Renese</b> b. (Middle) <b>Annette</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-24-53</b>
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>3</b> <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>1-16-53</b>
9. AGE (In years last birthday) <b>8</b> IF UNDER 1 YEAR: Months <b>8</b> Days <b>8</b> Hours <b>8</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Herbert H Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Branch</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>prematurity</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>776X</b>

22. I hereby certify that I attended the deceased from **1-16**, 1953, to **1-24**, 1953, that I last saw the deceased alive on **1-24**, 1953, and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Reiford A. Hancock MD</b> (Degree or title)	23b. ADDRESS <b>360 A So 15th St.</b>	23c. DATE SIGNED
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-24-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>
24d. LOCATION (City, town, or county) (State) <b>Centerville Ill.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Earl Smith, M.D. R.F.N.C. Greenview Home</b> ADDRESS <b>4060 Washington</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 24 1953</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.....

*No Embalming*..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edgar H Green*.....  
Licensed Embalmer No. *4521*.....

P. O. Address *4060 Washington*.....

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.