.S. No. 300
EV. 10-48

XC 14 292 654
R.# 100 701
FILED APR 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16631

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1016

4000
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1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 389 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2209
d. STREET ADDRESS (If rural, give location): 1523 N. JEFFERSON AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): JEFFRIE
b. (Middle): (NMI)
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): 4-6-53

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-16-12
9. AGE (In years last birthday): 40 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: FEDERAL SERVICE
11. BIRTHPLACE (City and State or Foreign Country): TERRY, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DAN JONES
13b. MOTHER'S MAIDEN NAME: CORA GORDON
14. NAME OF HUSBAND OR WIFE: IDA B. JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 497 09 6621
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF.BKS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): TUBERCULOSIS - BRAIN

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: OIOX
20. AUTOPSY? YES ☐ NO ☒

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-13-52, 19___, *to* 4-6-53, 19___, *and that death occurred at* 5:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. T. KAMINSKAS, M.D.
23b. ADDRESS: VA HOSPITAL, JEFF.BKS, MO.
23c. DATE SIGNED: 4-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/10/53
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jeff. Bks. Mo.

DATE REC'D BY LOCAL REG.: 4-9-53
REGISTRAR'S SIGNATURE: Herbert R. Dombo M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: G. Wade Granberry 4202 Finney
*(Licensed Embalmer's Statement on Reverse Side)

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 Melvin E. Green

Licensed Embalmer No. 4428

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.