

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19545

State File No. _____

5037

BIRTH NO. 32333

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 day 11 hrs 15 mins</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Romer G. Phillips</u>			d. STREET ADDRESS (If rural, give location) <u>214 S. Beaumont</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>0</u> b. (Middle) <u>2724</u> c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 53</u>			
5. SEX <u>Fem. 3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>5-6-53</u>	9. AGE (In years last birthday) <u>1</u> <u>14</u> <u>15</u> IF UNDER 1 YEAR: Months Days Hours 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 (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Julia Mae Jones</u>	
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 <u>Arthur M. Sherrard</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 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	
19c. INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>		22. I hereby certify that I attended the deceased from <u>5-6-</u> , 19 <u>53</u> , to <u>5-7-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-7-</u> , 19 <u>53</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. H. Quirkles</u>		23b. ADDRESS <u>M. D. 2601 N. Whittier</u>		23c. DATE SIGNED <u>5-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>MAY 19 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		ADDRESS <u>4104 Manchester Ave.</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.