

FILED JUL 2 - 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22921
State File No.

318

1003

5948
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5948					
1. PLACE OF DEATH a. COUNTY St. Louis Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place) 4, Mo, 25 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo							
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 3419 Park Ave							
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) _____ c. (Last) Jones			4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 53		5. SEX Female		6. COLOR OR RACE White				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 28, 1870		9. AGE (In years last birthday) 82		10. MONTHS 7		11. DAYS 15			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Patrick, Ryan		13b. MOTHER'S MAIDEN NAME Mary, Ballu		14. NAME OF HUSBAND OR WIFE John S. Jones							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME John S. Jones ADDRESS 3414 Park Ave							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart dis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis general DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH yes yes			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from 1/19 , 19 53 to 6/13 , 19 53 , that I last saw the deceased alive on 6/13 , 19 53 , and that death occurred at 11:30 AM , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) William M. Aweeney M.D.						23b. ADDRESS 5600 Arsenal St -			23c. DATE SIGNED 6-13-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/16/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE RECD BY LOCAL REG. JUN 15 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Howard			ADDRESS 1419 A Street				

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

(Licensed Embellisher's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

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.