

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

26540

State File No. ....

FILED JUL 31 1953

BIRTH NO. 99236 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6942

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>25 days</u>		d. STREET ADDRESS (If rural, give location) <u>5017 Vernon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas G. Phillips</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gary</u>	b. (Middle) <u>Anthony</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5-21-53</u>	9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR Months IF UNDER 24 HRS. 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 (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <u>John Wesley Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Wilson</u>	14. NAME OF HUSBAND OR WIFE
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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>Ether M. Sherard</u>	ADDRESS <u>2601 N. Whittier</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Premature birth</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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>7562</u>
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22. I hereby certify that I attended the deceased from 5-21-1953, to 6-15-1953 that I last saw the deceased alive on 6-15-1953, and that death occurred at 9:32 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. Linkley, M.D.</u> (Degree or title)	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>6-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>JUL 3 1 1953</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUL 15 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	ADDRESS <u>1104 Manchester Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.