

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26541**
63711

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **63711**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City <i>8120</i>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) RR #2 Box 648 <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) E.	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year)	June 24 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY Army Eng. Depot	11. BIRTHPLACE (City and State or Foreign Country) Cowith, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Mark Jones	13b. MOTHER'S MAIDEN NAME Louise M. Dennison	14. NAME OF HUSBAND OR WIFE Viola B. Jones
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 359-01-4800	17. INFORMANT'S SIGNATURE OR NAME Viola B. Jones	ADDRESS RR #2 Box 648 Granite City, Ill.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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. Myocardial Infarction		3 years.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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? 331X
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22. I hereby certify that I attended the deceased from **June 22, 1953**, to **June 24, 1953**, that I last saw the deceased alive on **June 24, 1953**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis M.D.	(Degree or title) _____	23b. ADDRESS 539 N. Grand	23c. DATE SIGNED 6/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-24-1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
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DATE REC'D BY LOCAL JUN 26 1953	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Frank Wecker	ADDRESS Granite City Ill
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Charles E. Merce

Licensed Embalmer No. *2988*

P. O. Address *Granite City*

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.