

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

34433

State File No. ....

FILED OCT 2 - 1953

BIRTH NO. 67092 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2383

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>13 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u> #730	
		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 459</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby Boy</u> b. (Middle) c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6 Sept 1953</u>
9. AGE (in years last birthday) <u>13</u>		10. UNDER 1 YEAR (Months) <u>1</u>	11. OVER 1 YEAR (Years) (Months) (Days) (Hours) (Min.) <u>13 115</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillian Novel</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Estella Novel, Clayton, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity, and Pulmonary Atelectasis</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abruptio-placenta</u>			
DUE TO (c) <u>edema of Brain</u>			
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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	
22. I hereby certify that I attended the deceased from <u>9-6</u> , 19 <u>53</u> , to <u>9-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>53</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George Gary</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>	23c. DATE SIGNED <u>9/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Music Bapt Ch Yard</u>	24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo</u>
DATE REC'D BY LOCAL REG. <u>9/8/53</u>	REGISTRAR'S SIGNATURE <u>Heoberg &amp; B. Amberg, MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros, Kinloch 21, Mo.</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 <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St Louis 13, 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.