

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44289**  
Registrar's No. **11945**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>44289</b>		Registrar's No. <b>11945</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>				c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1410 Marcus</b>				d. STREET ADDRESS (If rural, give location) <b>1410 Marcus</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>LUE</b>			b. (Middle) _____			c. (Last) <b>JONES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-11-53</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>7-30-1885</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 YEAR Days <b>11</b>	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Cecil Suell</b>				13b. MOTHER'S MAIDEN NAME <b>Violet Richmond</b>				14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Esar Jones</b>						ADDRESS <b>1410 Marcus Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral accident</b>												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral accident</b>													
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, 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) _____ <b>X</b>													
DUE TO (c) <b>X</b>													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>													
19a. DATE OF OPERATION <b>None</b>				19b. MAJOR FINDINGS OF OPERATION <b>X</b>				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.) <b>X</b>				21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>X</b>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>							
22. I hereby certify that I attended the deceased from <b>Sept. 10, 1953, to Dec. 11, 1953</b> , that I last saw the deceased alive on <b>Dec. 11, 1953</b> , and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Olus Moore, M.D.</b>						23b. ADDRESS <b>4501a Easton Ave.</b>			23c. DATE SIGNED <b>12-12-53</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-18-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>						
DATE REC'D BY LOCAL REG. <b>DEC 18 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Belis Funeral Home, Inc.</b>						ADDRESS <b>2820 Stoddard St.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1543 1.

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Albany, N.Y.

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.