

FILED FEB 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7328

State File No.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY 8120	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) SWANSEA	
c. LENGTH OF STAY (In this place) 13 days		d. STREET ADDRESS (If rural, give location) 1806 GARDEN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle)	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) 1-25-54
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5. SEX MALE <u>2</u>	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED <u>2</u>	8. DATE OF BIRTH 3-4-96	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOD CARRIER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) RICHLIE, MISS.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM JONES	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	ADDRESS
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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 UNKNOWN
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease	DUE TO (b) Arteriolar Nephrosclerosis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	1. Diabetes Mellitus		
Conditions contributing to the death but not related to the disease or condition causing death.	2. Syphilis of undetermined site		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from 12/23/53, 1953, to 1/25/54, 1954, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR JOSEPH T. KAMINSKAS, M. D.	23b. ADDRESS VAH Jefferson Barracks 23 Mo.	23c. DATE SIGNED 1/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 27	24c. NAME OF CEMETERY OR CREMATORY Beleville Ill	24d. LOCATION (City, town, or county) (State) Beleville Ill
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DATE REC'D BY LOCAL REG. 1/27/54	REGISTRAR'S SIGNATURE Richard B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Gaerdener Funeral Home Belleville	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 5 1922

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Albert Markfield

Signed.....
Student Embalmer

Licensed Embalmer No. 10 3077

P. O. Address St. Louis

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.