

FILED MAY 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13627**  
Registrar's No. **3961**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS <b>4304 Cottage</b>	<b>21190</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anthony</b> b. (Middle) c. (Last) <b>Jones</b>	4. DATE OF DEATH (Month) <b>5</b> (Day) <b>1</b> (Year) <b>54</b>
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-12-1914</b>	9. AGE (In years last birthday) <b>39</b> if UNDER 1 YEAR Months <b>4</b> if UNDER 12 MONTHS Days <b>19</b> if UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Upholstery</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hoffman Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>
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13a. FATHER'S NAME <b>Daniel Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Margrett Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marvin Brown</b>	ADDRESS <b>4211a Kennerly</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis, far Advanced</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
	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. <b>Delirium Tremens Latent Syphilis</b>		

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) <b>002XB</b>
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 **4-2**, 19**54**, to **5-1**, 19**54**, that I last saw the deceased alive on **5-1**, 19**54**, and that death occurred at **6:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. B. Williams</b> <b>M.D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>5-1-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-3-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>2101 Lucas and Hunt</b>
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DATE REC'D BY LOCAL REG. <b>MAY 3 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. McClendon</b>	ADDRESS <b>4555 Washington</b>
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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.....  
Signature of Student Embalmer

Signed.....

*John R. Cunningham*

Licensed Embalmer No..... 44

P. O. Address..... 4700

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.