

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1239

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Elmwood Park d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 3 weeks		e. STREET ADDRESS (If rural, give location) 9614 Meeks Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) May 25 1954
5. SEX Male 6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 4, 1886	9. AGE (In years last birthday) Months Days If under 1 year If under 1 hrs. 68 1 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter	10b. KIND OF BUSINESS OR INDUSTRY Hawthorne Apts.
11. BIRTHPLACE (City and State or Foreign Country) Forest City, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Matthew Jones	13b. MOTHER'S MAIDEN NAME Marietta Brown	14. NAME OF HUSBAND OR WIFE Hazel Jones
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-05-0429	17. INFORMANT'S SIGNATURE OR NAME Hazel Jones, 9614 Meeks Ave. Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus - Rt. Lower Lobe		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lung Abscess - Rt. Lower Lobe		
	DUE TO (c) Pyopneumothorax + Bronchopleural Fistula - Rt. Lung		
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"/>
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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) m.	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 **5-4-1954**, to **5-25-1954**, that I last saw the deceased alive on **5-25-1954**, and that death occurred at **5:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stephen Thomas, M.D.	23b. ADDRESS 601 S. Brentwood Clayton, Mo.	23c. DATE SIGNED 5/25/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/29/54	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 5/27/54	REGISTRAR'S SIGNATURE Richard S. Tomke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4250

P. O. Address 4107 7

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.