

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24760**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6610**

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>	
c. LENGTH OF STAY (in this place) <b>5 Wks</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>St. Johns Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>5 5705 Vernon Av.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert S.</b> b. (Middle) <b>Jones</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-54</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>12-10-1874</b>		9. AGE (In years last birthday) <b>79</b>		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?		13. UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hays Adhesive</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	

13a. FATHER'S NAME <b>James A. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Margarette Sheldon</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Carl Harrison</i>	
				ADDRESS <i>6705 Vernon Av</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Scimitar</b>			
		DUE TO (b)			
		DUE TO (c)			
7/2/54		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 <b>Prostatic Resection</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>177x</b>	
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22. I hereby certify that I attended the deceased from **6/10, 1954**, to **7/16, 1954**, that I last saw the deceased alive on **7/16, 1954**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Leo Bartles</i>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>906 Olive</b>	
				23c. DATE SIGNED <b>7/17/54</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-19-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	

DATE REC'D BY LOCAL REG. <b>19 10 54</b>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>W. Mullen</i>	
				ADDRESS <i>5705 Vernon Blvd.</i>	

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 *W E Morris*.....

Licensed Embalmer No. *336*.....

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