

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32743

State File No.

0951

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

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>STE. GENEVIEVE</u>		c. LENGTH OF STAY (in this place) <u>2 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>STE. GENEVIEVE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STE GENEVIEVE Co. Rest. Home</u>			d. STREET ADDRESS (If rural, give location) <u>Little Rock Road</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>		b. (Middle)	c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>March-3-1865</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-18-7142</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sumner Rest Home Ste. Genevieve Mo</u>		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>181X</u>				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?			
22. I hereby certify that I attended the deceased from <u>July 1, 1954</u> , to <u>Sept. 17, 1954</u> , that I last saw the deceased alive on <u>Sept. 17, 1954</u> , and that death occurred at <u>6:35A M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur E. ...</u>			23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>9-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/18/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9/17/54</u>	REGISTRAR'S SIGNATURE <u>Lucille ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leop. ... Ste. Genevieve, Mo.</u>		

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

Adrian J. Epler

Licensed Embalmer No. 4740

P. O. Address Ste. Maurice, Mo.

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.