

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35545

FILED NOV 1 - 1954

State File No. \_\_\_\_\_  
Registrar's No. 9557

BIRTH NO. 25933-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

<b>I. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	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: <u>Homer Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>21 1918 R. COKE ST 2210</u>	
3. NAME OF DECEASED (Type or Print) <u>MELVIN</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-54</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>APRIL 14, 1954</u>
9. AGE (In years) (Month) (Day) (Year) <u>6</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>LOUIS JONES</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Jones; 1918 R. COKE ST.</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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction due to Intusseption;</u> DUPLICATE TO (b) _____ DUPLICATE 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 _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>5700</u>	
22. I hereby certify that I attended the deceased from <u>19</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph M. Robinson</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>10/21/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>10/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>
DATE REC'D BY LOCAL REG. <u>OCT 21 1954</u>	REGISTRAR'S SIGNATURE <u>W. Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Robinson &amp; Sons, 1701 N. GARRISON</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 .....  
Signature of Student Embalmer

Signed *Leroy H. Fannisto*

Licensed Embalmer No. *452*

P. O. Address *3880 E. ...*

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.