

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, c. LENGTH OF STAY (If this is a hospital) Dec. 20, 1949

c. CITY OR TOWN St. Louis. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital

e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 21290

3. NAME OF DECEASED (Type or Print) a. (First) Nathan b. (Middle) _____ c. (Last) Jones.

4. DATE OF DEATH (Month) (Day) (Year) October 15, 1954

5. SEX: Male

6. COLOR OR RACE: Color

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Sept. 4, 1891

9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Texas.

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Alfred Jones

13b. MOTHER'S MAIDEN NAME Nancy William.

14. NAME OF HUSBAND OR WIFE Frances Hayes.

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 ADDRESS St. Louis Chronic Hosp. 5800 Arsenal

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis
ANTECEDENT CAUSES with cardio and cerebro elements.
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.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4500

22. I hereby certify that I attended the deceased from Dec. 20, 1949, to October 15 1954, that I last saw the deceased alive on Oct. 15, 1954, and that death occurred at 5, 25A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmyra Prunice Bondick M.D.

23b. ADDRESS 5800 Arsenal St.

23c. DATE SIGNED 10-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-23-54

24c. NAME OF CEMETERY OR CREMATORY Greenwood Ceme.

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. OCT 23 1954

REGISTRAR'S SIGNATURE Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS People's Und. Co., 3100 Franklin Av.

acm

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 no Embalmer....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jeanne L. Mueller.....

Licensed Embalmer No.....

P. O. Address.....

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.