

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35549**
Registrar's No. **88511**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
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: **1141 Euclid Ave** e. STREET ADDRESS (If rural, give location) **12 1141 Euclid Ave. 21290**

3. NAME OF DECEASED a. (First) **Troy** b. (Middle) **G.** c. (Last) **Jones** 4. DATE OF DEATH (Month) (Day) (Year) **9 27 1954**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 3, 1923** 9. AGE (In years last birthday) Months Days Hours Mins. **31**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machanic** 10b. KIND OF BUSINESS OR INDUSTRY **Auto Sales** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Van Jones** 13b. MOTHER'S MAIDEN NAME **Minnie Barnhardt** 14. NAME OF HUSBAND OR WIFE **Lutee Jones**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None** 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Minnie Jones 1141 Euclid Ave.**

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) **MEDICAL CERTIFICATION Carbonyl Monoxide Poisoning** INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES **when deceased was found seated in automobile parked in front of his home with hood attached to exhaust pipe, and running through right rear window, abt Sept 27, 1954**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition which caused death. **about 500 am Suicide**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) **Automobile** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) **Sept 27 54 5:30 am** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E973K**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) **Patrick J. Taylor Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9-29-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/1/54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missou**

DATE REC'D BY LOCAL REG. **SEP 29 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C.W. Roberts 1416 N. Taylor Ave.**

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 *James R. Carter*.....
Licensed Embalmer No. *46*.....
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.