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FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43716

State File No. \_\_\_\_\_

318

1003

11521

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		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>BARNES HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>2221 Market</u> <u>2229</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>MMN</u> c. (Last) <u>Jones, Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>May 14, 1894</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY?		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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Edward Jones Jr</u>		18. ADDRESS <u>3032 Bell</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Myocarditis, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Aortic insufficiency</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>411 X</u>	

22. I hereby certify that I attended the deceased from Dec. 8, 1954, to Dec. 15, 1954, that I last saw the deceased alive on Dec. 15, 1954, and that death occurred at 4:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>F.R. Bradley</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	
23c. DATE SIGNED <u>12/16/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 20, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>		24d. LOCATION (City, town, or county) (State) <u>Leway, Mo</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E.B. Louch</u>		ADDRESS <u>1221 N Grand</u>		DEC 18 1954	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Guylton Swan*  
.....

Licensed Embalmer No. *450*

P. O. Address *1221 N. 9*

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.