

MILD APR 28 1955

STANDARD CERTIFICATE OF DEATH

13518
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3551

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

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) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1509 E. Franklin		e. STREET ADDRESS (If rural, give location) 25 1509 E. Franklin	
3. NAME OF DECEASED a. (First) Lennie b. (Middle) Jones c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 4-19-55	
5. SEX F 3		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH March 15, 1888	
9. AGE (In years last birthday) 67		10. MONTHS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Russell, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Wade		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Frank Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, specify) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Georgia Freeman 6037. Cincinnati	
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) Congestive Failure (Heart) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4341		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 4:00 P.M., from the causes and on the date stated above.	
22a. SIGNATURE Patrick C. Taylor, Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 4-21-55		23. DATE April 26, 1955	
23a. NAME OF CEMETERY OR CREMATORY Greenwood		23b. LOCATION (City, town, or county) (State) St. Louis Mo	
24. DATE REC'D BY LOCAL REG. APR 21 1955		24. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Roan		25. ADDRESS 1221 N Grand	

G.P. (Licensed Embalmer's Statement on Reverse Side)

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, *Guyton Swan*.....

Licensed Embalmer No. *450*.....

P. O. Address *1221 N*.....

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.