.300
0.48

3

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

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19771

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1429 Chouteau Ave. 2229

3. NAME OF DECEASED (Type or Print)
a. (First): Van Buren
b. (Middle):
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 3 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 7, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Confectionary
11. BIRTHPLACE (City and State or Foreign Country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thames D. Jones
13b. MOTHER'S MAIDEN NAME: Mary Morehead
14. NAME OF HUSBAND OR WIFE: Leeila Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497 01 8602
17. INFORMANT'S SIGNATURE OR NAME: Leeila Jones — ADDRESS: 1429 Chouteau Ave. St. Louis Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 13, 1955, *to* June 13, 1955, *that I last saw the deceased alive on* June 13, 1955, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Jane B Vatterott (Degree or title) MD
23b. ADDRESS 10300 St Charles Rd
23c. DATE SIGNED June 14 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 16 1955
24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery
24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. June 14 1955
REGISTRAR'S SIGNATURE Nannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary
ADDRESS 10123 St. Charles Rd
(Licensed Embalmer's Statement on Reverse Side) St Louis 14 Mo

JUN 21 195[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 338

P. O. Address 10123 8t.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.