

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23942

FILED AUG 2 - 1955

State File No.

BIRTH NO. 39131-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5834

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2169</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | c. LENGTH OF STAY (in this place) <u>0</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Peoples Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3957a Finney</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> | b. (Middle) | c. (Last) <u>Jones</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1955</u> |
| 5. SEX <u>Male 2</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u> | 8. DATE OF BIRTH <u>May 16, 1955</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. AGE (In years last birthday) <u>5 Hrs</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> |
| 13a. FATHER'S NAME <u>Curtis Jones</u> | | 13b. MOTHER'S MAIDEN NAME <u>Petty Bell</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Betty Jones</u> ADDRESS <u>3957a Finney Ave.</u> | |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURE BIRTH - 6 MONTHS STATION</u> | | |
| | 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. <u>None</u> | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>176X</u> |

22. I hereby certify that I attended the deceased from 5-16, 1955, to 5-16, 1955, that I last saw the deceased alive on 5-16, 1955, and that death occurred at 9:00 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Charles V. Ueber</u> <u>M.D.</u> | 23b. ADDRESS <u>1047 N. VANDEVENTER.</u> | 23c. DATE SIGNED <u>MAY 17 1955</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>7-30-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> |
| 24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> | | (State) |

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| DATE REC'D BY LOCAL REG. <u>JUL 7 1955</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>4104 Manchester Ave.</u> |
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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
Student Embalmer

Signed.....

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 this body is not embalmed, fact should be so stated above.