

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42245**
Registrar's No. **11021**

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		a. STATE Missouri b. COUNTY St Louis	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN 4150 ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 3835 Avondale		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Fred	b. (Middle) A	c. (Last) Jones	(Month) 12	(Day) 15	(Year) 55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-10-1898		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Whitewater Mo.	
13a. FATHER'S NAME Joseph A Jones			13b. MOTHER'S MAIDEN NAME Mary R Snider		14. NAME OF HUSBAND OR WIFE Mildred Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW # 1		16. SOCIAL SECURITY NO. 488-07-7188		17. INFORMANT'S SIGNATURE OR NAME Mildred Jones	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) aneurysm, dissecting, probable			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451 x			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?	

22. I hereby certify that I attended the deceased from Dec 14, 1955 to Dec 15, 1955, that I last saw the deceased alive on Dec 14, 1955, and that death occurred at 1020a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mrs. Russell Anderson</i>		(Degree or title) MD		23b. ADDRESS 4110 West Florissant Ave.		23c. DATE SIGNED Dec 16, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-19-55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Co	

DATE REC'D BY LOCAL REG. DEC 16 1955		REGISTRAR'S SIGNATURE <i>Charles Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jos W Clark		ADDRESS 1125 Hodiament Ave	
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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.....
Signature of Student Embalmer

Signed.....
Alfred J. Boedeker

Licensed Embalmer No. 266

P. O. Address 11257 H. ...

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.