

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **3018**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood # 4703	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 800 S. Filmore	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Edward	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 18, 1938	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter	10b. KIND OF BUSINESS OR INDUSTRY Howard Johnson	11. BIRTHPLACE (City and State or Foreign Country) Fulton, Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James T. Jones	13b. MOTHER'S MAIDEN NAME Sara Gunter	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY # 497-28-6085	17. INFORMANT'S SIGNATURE OR NAME James T. Jones	ADDRESS 800 S. Filmore
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar skull fracture		
	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.		8164	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 26	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural 400 St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) Dec. 24, 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Passenger in car involved in collision with another car
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Williams (Degree or title) Crown	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 12-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/27/55	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 12-25-55	REGISTRAR'S SIGNATURE Herbert R. Doube MD	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger	ADDRESS Kirkwood 22, Mo.
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WRITE PLAINLY—USING UNFADEING 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 Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Wickwood, Md.

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.