FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6710

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 765

1. PLACE OF DEATH
a. COUNTY ~~Missouri~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Masonic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 12 5351 Delmar

2129

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

4. DATE OF DEATH (Month) 1- (Day) 22 (Year) 1956

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 8-8-1880
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 64 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and State or Foreign Country) McCleansboro, Illinois
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Tatom
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE J. C. Jones, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Mo. 5351 Delmar Ave. Lewis C. Robertson Superintendent — ADDRESS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	1 Wk.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral Arteriosclesosis	10 Yrs
DUE TO (c)	Generalized Arterioclerosis	20 Yrs
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 331x
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* 8-1- *, 19* 55 *, to* 1-22- *, 19* 56 *that I last saw the deceased alive on* 1-23 P *, 19* 56 *, and that death occurred at* 4.25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harold E. Walters MD.
23b. ADDRESS 4475 West Pine
23c. DATE SIGNED 1.22-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-23-56
24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) (State) Dexter, Mo.

DATE REC'D BY LOCAL REG. JAN 23 1956
REGISTRAR'S SIGNATURE J. Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe — **ADDRESS** 4700 Washington,

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 195

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, ~~by~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton R. H. Remlan

Licensed Embalmer No. 4283

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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