

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6713**  
951  
Registrar's No.

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).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township):  
OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

STREET ADDRESS (If rural, give location)  
**916 N. Cardinal Ave.**

3. NAME OF DECEASED  
a. (First) **Morris** b. (Middle) \_\_\_\_\_ c. (Last) **Jones**

4. DATE OF DEATH (Month) (Day) (Year)  
**1 24 56**

5. SEX **Male**

6. COLOR OR RACE **Col**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov 12 1888**

9. AGE (In years last birthday) **67**  
IF UNDER 1 YEAR: Months **2** Days **12**  
IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter**

10b. KIND OF BUSINESS OR INDUSTRY **Drug Store**

11. BIRTHPLACE (City and State or Foreign Country) **New Haven Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Morris Jones Sr**

13b. MOTHER'S MAIDEN NAME **Emma Parker**

14. NAME OF HUSBAND OR WIFE **Goldie Jones**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **No**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Robert Jones 916a No. Cardinal Ave**

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

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pneumonia - Middle and Lower Lobe, right**  
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. **Mural Thrombus**

INTERVAL BETWEEN ONSET AND DEATH  
**Undt.**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **490x**

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) \_\_\_\_\_

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 **1-19**, **1956**, to **1-24**, **1956**, that I last saw the deceased alive on **1-24**, **1956**, and that death occurred at **1:35a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edw. B. Williams M.D.**

23b. ADDRESS **2601 N. Whittier**

23c. DATE SIGNED **1-25-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Jan 30 1956**

24c. NAME OF CEMETERY OR CREMATORY **Oakdale**

24d. LOCATION (City, town, or county) (State) **St. Louis, Co. Mo**

DATE REC'D BY LOCAL REG. **JAN 27 1956**

REGISTRAR'S SIGNATURE **J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**J.H. Randle & Son 3133 Bell Avenue**

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

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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..... *S. J. Statom*

Licensed Embalmer No. *269*

P. O. Address *2769 Chor*

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.