

FILED MAR 22 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 10944

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2337

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2337</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4553a Ashland Avenue</b>				STREET ADDRESS (If rural, give location) <b>10 4553a Ashland Ave.</b>		<b>210%</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>L.</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 5 1956</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 24, 1884</b>			
9. AGE (In years last birthday) <b>71 yrs.</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Packer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Drug Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon, Illinois</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>									
13a. FATHER'S NAME <b>Douglas Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Pettit</b>			14. NAME OF HUSBAND OR WIFE <b>Alma (Newman) Jones</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-01-5593</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alma Jones, 4553a Ashland Ave. 15</b>					
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic Heart disease</b> DUE TO (c) <b>Cardiac Hypertrophy</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>10 yrs.</b> <b>"</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no injury</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <b>Nov. 1954</b> to <b>Mar. 5, 1956</b> that I last saw the deceased alive on <b>Feb. 4, 1956</b> and that death occurred at <b>2:40A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>C. Rush McEldam M.D.</b>				23b. ADDRESS <b>906 Olive, St. Louis</b>		23c. DATE SIGNED <b>3-6-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar. 7, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>MAR 6 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blv. FUNERAL HOME, INC. St. Louis, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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 *John A. Merina*

Licensed Embalmer No. *41*

P. O. Address *St. Louis*

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.