

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1956

State File No. **18094**  
Registrar's No. **4717**

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 <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Webster Groves</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>109 Arthur</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>ALBERT</b> c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-15-1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-31-1880</b>
9. AGE (In years last birthday) <b>75</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Birmingham England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <b>Sachs Elec. Co.</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle L Jones</b>	
13a. FATHER'S NAME <b>Charles Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Eden</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY # <b>489-03-5608</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. D.A. Jones</b>		ADDRESS <b>109 Arthur</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION AC. <b>Cardiac Dilatation</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ac. cardiac Dilatation</b> ANTECEDENT CAUSES <b>Carcinoma of Prostate</b> DUE TO (b) <b>Carcinoma of Prostate</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>177x</b>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-5-56 5:56 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4-6-56 5-15-56</b>		22. I hereby certify that I attended the deceased from <b>Apr 6</b> , 19 <b>56</b> , to <b>5:15 A.M.</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>9/15</b> , 19 <b>56</b> , and that death occurred at <b>7:45 a.m.</b> , from the causes and on the date stated above <b>5-15-56</b>	
23a. SIGNATURE (Degree or title) <b>O.J. Willhelms</b>		23b. ADDRESS <b>220 Univ. Club Bldg. M.D. M.D. 720 Univ Club Bldg</b>	
23c. DATE SIGNED <b>5/15/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>5-17-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>		DATE REC'D BY LOCAL REG. <b>MAY 15 1956</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. Parker</b> ADDRESS <b>Webster Groves Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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 *Leslie Adach*.....  
Licensed Embalmer No. *43*

P. O. Address *Whiter St*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F 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.