

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18097

State File No. _____
Registrar's No. **5055**

| | | | | | | | | | | | | | |
|--|--|--|-------------------|---|--|--|--|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. _____ | | Registrar's No. 5055 | | | | | |
| 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) St. Louis | | c. LENGTH OF STAY (In this place) 15 yrs. | | c. CITY OR TOWN St. Louis | | 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 Homer G. Phillips Hospital | | | | e. STREET ADDRESS (If rural, give location) 21 3327 Lucas | | 22190 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ernest | | | b. (Middle) _____ | | | c. (Last) Jones | | | 4. DATE OF DEATH (Month) (Day) (Year) 5 22 56 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Col. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown | | 8. DATE OF BIRTH Feb. 22, 1902 | | 9. AGE (In years last birthday) 54 | | IF UNDER 1 YEAR Months 3 Days 0 | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Golddust, Tenn. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13a. FATHER'S NAME Unknown | | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | | 14. NAME OF HUSBAND OR WIFE _____ | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 499-20-8392 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Barriet 1412 Cass Ave. | | | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 _____ | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | | | | | 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.) _____ | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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 5-15 , 19 56 , to 5-22 , 19 56 , that I last saw the deceased alive on 5-22 , 19 56 , and that death occurred at 2 a. 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 5-22-56 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE May 26, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Dale | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | | | | |
| DATE REC'D BY LOCAL REG. MAY 25 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave. | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....
A. J. Watson

Licensed Embalmer No. *269*

P. O. Address *2769*

-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.