

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28627**

FILED AUG 24 1956

BIRTH NO. **54566-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6698**

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

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>2109</b>			
b. CITY OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis - 15</b> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS <b>4310<sup>2</sup> PENROSE</b>					
3. NAME OF DECEASED (Type or Print) <b>BABY GIRL JONES</b>		a. (First) <b>BABY</b> b. (Middle) <b>GIRL</b> c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-30-56</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>6-30-56</b>		9. AGE (In years last birthday) <b>13</b> 8		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>LEROY DEAN JONES</b>		13b. MOTHER'S MAIDEN NAME <b>HELEN THOMPSON</b>	
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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>HELEN JONES, 4310<sup>2</sup> PENROSE, St. Louis - 15</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Altelectors of lungs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Since birth</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Prematurity</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		19b. MAJOR FINDINGS OF OPERATION <b>762.5</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>6-30, 1956</b> , to <b>6-30, 1956</b> , that I last saw the deceased alive on <b>6-30, 1956</b> , and that death occurred at <b>1:30 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>William Bernier MD</b>		(Degree of title)		23b. ADDRESS <b>462 N. T. Ave. St. Louis</b>	
23c. DATE SIGNED <b>7/10/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-31-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 18 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Beer</b> ADDRESS <b>4104 Manchester</b>	

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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.....

Licensed Embalmer No.....

P. O. Address .....

**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.**