

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28635

FILED SEP 6 1956

State File No.

Pg. 7270

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7270</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. 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 <u>St. Marys Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>6 520I Page Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u>		b. (Middle)		c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug, 2, 1956.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Dec, 23 1895</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>7</u>		11. DAYS <u>9</u>		12. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Summerville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>709-09-2515</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Freddie Jones 150-25-II8 th. St. N.Y.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA Esophagus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>150X</u>					
		19a. DATE OF OPERATION <u>7/17/56</u>				19b. MAJOR FINDINGS OF OPERATION <u>Lymph NODE METASTASES (AORTIC)</u>	
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)		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 <u>7/6</u> , 19 <u>56</u> to <u>8/2</u> , 19 <u>56</u> that I last saw the deceased alive on <u>8/2</u> , 19 <u>56</u> , and that death occurred at <u>9 p m.</u> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>William H. Dinkler, M.D.</u>				22b. ADDRESS <u>4503 Page Blvd</u>		22c. DATE SIGNED <u>8/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 6 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home 3100 Easton Ave.</u>			

B.P. (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 *Arthur L. Heulied*

Licensed Embalmer No. *4221*

P. O. Address *4107 Junna*

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.