

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40085

STATE FILE NUMBER

FILED DEC 10 1956

84221-56

Registration District No. 312

Primary Registration District No. 547

Registrar's No. 2697

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHMOND HEIGHTS</b>		c. CITY OR TOWN <b>ST LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST MARYS HOSP</b>		d. STREET ADDRESS <b>5204 OLEATHA</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>-</b> Last <b>JONES</b>		4. DATE OF DEATH Month <b>NOV.</b> Day <b>13</b> Year <b>1956</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 12-1956</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS CO, MO</b>
13. FATHER'S NAME <b>GERALD L. JONES</b>		14. MOTHER'S MAIDEN NAME <b>JACQUELINE CROWLEY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MR GERALD JONES</b> Address <b>5204 OLEATHA AV ST LOUIS MO</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>atherosclerosis</b> DUE TO (b) <b>Immature birth</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>3 hr</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>7625</b>	
20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year <b>p. m.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Richmond Hgts St Louis, MO</b> COUNTY STATE	
21. I attended the deceased from <b>Perish</b> to <b>3 hrs</b> and last saw her alive on <b>11/13/56</b> Death occurred at <b>L. H. A.</b> m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Herbert A. Rome MD</b>		22b. ADDRESS <b>1111/2 Meramec</b>	
22c. DATE SIGNED <b>11/14/56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>NOV. 14-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT OLIVE Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>LEMAP, MO</b>
24. FUNERAL DIRECTOR <b>Fey Funeral Home</b> ADDRESS <b>MEHLVILLE MO</b>	25. DATE RECD. BY LOCAL REG. <b>11-14-56</b>	26. REGISTRAR'S SIGNATURE <b>Herbert A. Rome MD</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr.

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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.....  
*Not EMBALMED*  
*John Paul Lee J.*  
Licensed Embalmer No.....

P. O. Address.....

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