

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

10505

STATE FILE NUMBER 1739

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 6		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips			Length of stay in lb 7 yrs. 2059	4. STREET ADDRESS 5432 Vernon Ave. (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Leroy Jones				4. DATE OF DEATH Month Day Year Feb. 14, 1957			
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 12, 1926		9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lexington Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Burlin Jones				14. MOTHER'S MAIDEN NAME Harriet Taliver			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.# 2		16. SOCIAL SECURITY NO. 318263017		17. INFORMANT Address Wilma Jones 5432 Vernon Avenue			
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Injury 8/65 26 Septic Pneumonia. Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN (a), (b), AND (c). Following injury suffered in collision between bus operated by Bernard Jones at intersection of 9th and Adams about 4:50 p.m. December 23, 1956.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter only on Part II) operated by Bernard Jones at intersection of 9th and Adams about 4:50 p.m. December 23, 1956.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour Month Day Year 4:51 p.m. 12 23 56		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25th Street		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE E 816.5 um 26	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 345 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Joseph J. Smith		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE FEB 25, 1957	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.			
24. FUNERAL DIRECTOR Peoples Und.Co. 3100 Franklin Av.		ADDRESS		25. DATE RECD. BY LOCAL REG. FEB 20 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE OR. BY C. D. BELL

APR 11 1957

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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 *H. Claude Gordon* .....

Licensed Embalmer No. *34* .....

P. O. Address *4575 A* .....

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.