

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14874

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3156

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>PINE LAWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 JEWISH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>27 3807 MANOLA AVE.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>KATIE</u>	b. (Middle) <u>F.</u>	c. (Last) <u>JONES</u>	(Month)	(Day)	(Year)
			<u>APRIL</u>	<u>1</u>	<u>1957.</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb. 24, 1875.</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR	11. IF UNDER 2 HRS.
			<u>82</u>	Months	Days	Hours
						Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK OAKES</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN WOLF</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN R. JONES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. AL. JAMIESON, 3807 MANOLA AVE.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Retroperitoneal inflammatory abscess weeks</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 8, 1957, to April 1, 1957, that I last saw the deceased alive on April 1, 1957, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Karah</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Levee Hospital, St. Louis</u>	23c. DATE SIGNED <u>Apr 1, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4/3/57.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST CHURCHYARD</u>	24d. LOCATION (City, town, or county) (State) <u>MANCHESTER, MO.</u>
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DATE REC'D BY LOCAL REG. <u>APR 1 '57</u>	REGISTRAR'S SIGNATURE <u>Calvin Feutz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u>	ADDRESS <u>FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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..... *John A. Mlinar*
Licensed Embalmer No. *4186*
P. O. Address *St. Louis*

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.