FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18873 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4402

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 ST. LOUIS CITY HOSP. #1. — Length of stay in 1b 5 days 20990	d. STREET ADDRESS (If outside, give location) 4505a Adelaide Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First EDWARD	Middle E	Last JONES
4. DATE OF DEATH	Month MAY 6,	Day 1957	Year
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH April 4 1883
9. AGE (In years last birthday) 74	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) unknown	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Indiana 1	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Jones		14. MOTHER'S MAIDEN NAME Nancy Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Lillian Jones, Address 4505a Adelaide Av	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular Fibrillation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/1/57, to 5/6/57 and last saw her/him alive on 5/6/57

Death occurred at 10: P.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Strynch MD	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 5/7/57.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 9 1957	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) St. Louis, (State) Missouri		
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av	25. DATE RECD. BY LOCAL REG. MAY 8 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilford T Burnley

Licensed Embalmer No. 42

P. O. Address St Lou

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.