

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29611**  
Registrar's No. **6778**

No. 300  
10.48  
FILED AUG 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Clayton</b> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>sev. mo.</b>		e. STREET ADDRESS (If rural, give location) <b>512 Old Bonhomme Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hamilton Medical Center</b>		f. STREET ADDRESS <b>512 Old Bonhomme Road</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JENNY</b>	b. (Middle) <b>CROUCH</b>	c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>7 20 1957</b>

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 1, 1866</b>	9. AGE (In years) (Last birthday) <b>91</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Crouch</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Ramsey</b>	14. NAME OF HUSBAND OR WIFE <b>Frank W. Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clifford C. Jones</b>	ADDRESS <b>512 Old Bonhomme</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anteroselective Coronary Artery Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Had stroke in December 1955</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 **February 19, 1956**, to **July 19, 1957**, that I last saw the deceased alive on **May 14, 1957**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>David Rife Kerr, M.D.</b> (Degree or title)	23b. ADDRESS <b>950 Francis Place</b>	23c. DATE SIGNED <b>7-20-1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-22-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JUL 22 1957</b>	REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar</b>
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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 *Clarence A. Murray*.....

Licensed Embalmer No. *40*.....

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.