

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42126  
STATE FILE NUMBER  
11681

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 11681

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 <input checked="" type="checkbox"/> St Louis			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 01 2845 Sidney			Length of stay in lb	d. STREET ADDRESS 23 2845 Sidney		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hatty Middle I Last Jones			4. DATE OF DEATH	Month Dec	Day 5	Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Casing work	10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Jacob Edsell				14. MOTHER'S MAIDEN NAME Gabriller Woodson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Gilbert Ransom 4308 Bingham				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arterio sclerotic cardio-vascular disease</i> Arteriosclerotic cardio vascular disease 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 PART I (a) 422.1							INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
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.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
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 St. Louis		COUNTY	STATE
21. I attended the deceased from <i>12-1-56</i> to <i>12-5-57</i> and last saw her alive on <i>12-4-57</i> Death occurred at <i>6:20 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Jos. P. Berman</i> (Degree or title) MD				22b. ADDRESS 1225 N. Grand		22c. DATE SIGNED 12/5/57	
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/> (Specify)	23b. DATE Dec 7 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo.			
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette			25. DATE RECD. BY LOCAL REG. DEC 5 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>		

(Licensed Embalmer's Statement on Reverse Side)

*Carl Smith*  
m86

**STATEMENT BY LICENSED EMBALMER**

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 *James R. Fenwick* .....  
Licensed Embalmer No. 37  
P. O. Address 3125 L.

**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.