

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 22 1957 STANDARD CERTIFICATE OF DEATH

State File No. 12929

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 2814	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) 4 hours		c. CITY OR TOWN Crestwood		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 558 Sessions			
3. NAME OF DECEASED (Type or Print) a. (First) GRACE			b. (Middle) EMILY		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22, 1911		9. AGE (In years last birthday) 46	if UNDER 1 YEAR Months 5 Days 17	if UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millinery Worker.		10b. KIND OF BUSINESS OR INDUSTRY Correct Cap Co.		11. BIRTHPLACE (City and State or Foreign Country) Cybus, Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Orie B. Parks		13b. MOTHER'S MAIDEN NAME Marion Peabody		14. NAME OF HUSBAND OR WIFE Aubrey E. Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 415-24-8068		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aubrey E. Jones, 558 Sessions, Crestwood			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Stenosis				10 yrs	
		DUE TO (c) Rheumatic Heart Disease				10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza acuta				7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 11/8, 1957 , to 11/9, 1957 , that I last saw the deceased alive on 11/9, 1957 , and that death occurred at 12:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles R. Burmish M.D.				23b. ADDRESS 206 N. Clay Parkwood		23c. DATE SIGNED 11/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/12/57	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 11-12-57		REGISTRAR'S SIGNATURE Herbert B. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp, Inc.		ADDRESS Kirkwood Mo.	

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 *Francis J. Myland Jr.*

Licensed Embalmer No. *44517*

P. O. Address *Richwood, W. Va.*

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.