

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3121
State File No. 218
Registrar's No.

FILED JAN 23 1958

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4934 Union B lvd		d. STREET ADDRESS (If rural, give location) 4934 Union A venue	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) E. c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) January 7, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH April 7, 1880
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	11. BIRTHPLACE (City and State or Foreign Country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE Deceased	
13a. FATHER'S NAME Elijah Earnest		13b. MOTHER'S MAIDEN NAME Louisa Newhouse	
14. NAME OF HUSBAND OR WIFE Deceased		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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Edward Jones, Sr., 706 Mildred Ave., East St. Louis, Illinois	
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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Chr. Arteriosclerotic Cardio Vasc Disease Chr. Arteriosclerotic cardio vas. dis.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INTERVAL BETWEEN ONSET AND DEATH Jan 2nd 58		21. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Jan 2, 1958, to Jan 7, 1958, that I last saw the deceased alive on Jan 6, 1958, and that death occurred at 7:25 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Albert J. Moberg M.D.		23b. ADDRESS 2739 N. Grand	
23c. DATE SIGNED 1-7-58		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 10 1958	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG. JAN 8 '58		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair		ADDRESS	

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
Student Embalmer

Signed _____

W. Gordon Burnley

Licensee Embalmer No. 4302

P. O. Address Hoens, Mo

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 this body is not embalmed, fact should be so stated above.