

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023918  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1660

FILED JUL 11 1958

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		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, give TOWNSHIP only) OR TOWN <b>UNIVERSITY CITY</b>		c. CITY OR TOWN <b>UNIVERSITY CITY</b> <u>4330</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6833 KINGSBURY BLVD</b>		d. STREET ADDRESS (If outside, give location) <b>6833 KINGSBURY BLVD.</b>	
Length of stay in 1b <b>Years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>NOBLE R JONES</b>			4. DATE OF DEATH Month Day Year <b>JUNE 18, 1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 26, 1874</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. - V. Pres. of Savings,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>1st Nat. Bank</b>	11. BIRTHPLACE (City and state or country) <b>Monholmet, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Louise Jones</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Albert Gruenewald</b>	Address <b>503 Locust Street</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage - Pomeris Rt. Side</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5 years</b> <b>5 years</b> <b>5 years</b>
DUE TO (b) <b>Arterial Sclerotic Heart Disease</b>		
DUE TO (c) <b>General Arterial Sclerosis</b>		
DUE TO (c) <b>Hypertension</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Arthritis, Both Knees - 4 years.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>331X</b>	COUNTY	STATE
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21. I attended the deceased <del>from</del> <b>on June 18, 1958</b> , to _____ and last saw <sup>him</sup> alive on <b>June 18, 1958</b> Death occurred at <b>8:00</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE, (Degree or title) <b>Dr. J. D. Norton, M.D.</b>	22b. ADDRESS <b>Missouri Theater Building</b>	22c. DATE SIGNED <b>6/19/1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/21/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MISSOURI</b>
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24. FUNERAL DIRECTOR <b>C.R. LUPTON &amp; SONS, 7233 DELMAR BLVD;</b>	25. DATE REC'D. BY LOCAL REG. <b>6/20/58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Dornku, M.D.</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 H. Murray*

Licensed Embalmer No. *4011*  
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.