

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027107

STATE FILE NUMBER

318

1003

6794

Health,
Welfare
Public
Service

300
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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 18 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No. 6794

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City ⁴³⁷⁶
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b 23	d. STREET ADDRESS (If outside, give location) 27 6 Anfred Walk
3. NAME OF DECEASED (Type or print) First Middle Last ROSA ETTA JONES			4. DATE OF DEATH Month Day Year 7/5/58
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"/> 2	8. DATE OF BIRTH 1/26/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Darnell		14. MOTHER'S MAIDEN NAME Maude Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Betty Mason		Address 6 Anfred Walk Univ. City, Mo.	
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>Coronary thromboses & Myocardial Infarction</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Coronary Artery Atherosclerosis</i>	
		DUE TO (c) <i>Renute Myelitis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Fracture of R. humerus</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Fell over barricade in hallway at home</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>6:30 p.m. 7-4-58</i>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>27 home</i>		
20e. CITY, TOWN, OR LOCATION UNIVERSITY CITY, MO.		20f. COUNTY STATE	
21. I attended the deceased from <i>8-15-57</i> to <i>7-5-58</i> and last saw her ^{her} _{been} alive on <i>7-5-58</i> Death occurred at <i>Anfred 1 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Samuel A. Youschuk M.D.</i>		22b. ADDRESS 35 No. Central Ave.	
22c. DATE SIGNED <i>7-7-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/8/58	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) St. Genevieve, Mo.
24. FUNERAL DIRECTOR E. J. Schnur		ADDRESS 3125 Lafayette Ave.	25. DATE RECD. BY LOCAL REG. JUL 8 '58
			26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

m. J. B.

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.....
Thomas R. Jewell

Licensed Embalmer No. 379

P. O. Address 3125 Lef...

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.