Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030586
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8460

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 27 Homer G. Phillips — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2061 1477 Laurel — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Albert — Middle: — Last: Jones
4. DATE OF DEATH: Month 8 Day 30 Year 58
5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: 3-31-70
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 4 Days 29 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LEE CO. - MISS. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: KING JONES — Address: 1477 LAUREL AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease with Decompensation — undet.
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile Debility - Generalized Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 8-3-58, to 8-30-58 and last saw him alive on 8-30-58
Death occurred at 11:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. Prophete (Degree or title) B. Prophete M.D. M.D. 0
22b. ADDRESS: 2601 Whittier Street
22c. DATE SIGNED: 9-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7-6-1958
23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK
23d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR: PETTIS FUNERAL HOME — ADDRESS: 4181 WASHINGTON
25. DATE RECD. BY LOCAL REG.: SEP 2 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Esther D. Harris

Licensed Embalmer No. 4458

P. O. Address 481 Washing

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.