

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037906
STATE FILE NUMBER

708210812
FILED OCT 20 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9531

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Fenton Rt. #1, 4770	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Memorial		d. STREET ADDRESS (If outside, give location) 27	
Length of stay in lb 1 week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last James Martin Jones			4. DATE OF DEATH Month Day Year 10/ 4/ 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/20/58	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Co. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Merlin Jones	13b. MOTHER'S MAIDEN NAME Mary Martin	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT Marlin Jones	Address Fenton Mo.
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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) <u>Peritonitis</u> DUE TO (b) <u>Staphylococcus</u> DUE TO (c) <u>Cecuria</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hydrocephrosis - led to Hemorrhage into kidneys</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>2 days</u>
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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.) 7680
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Kirkwood	COUNTY Mo.	STATE
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21. I attended the deceased from <u>20 Sept</u> to <u>4 Oct 58</u> and last saw her/him alive on <u>4 Oct 58</u> Death occurred at <u>2 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James B. Donahoe</u> (Type name or title) M.D. 0	22b. ADDRESS <u>950 Francis Pl. Clayton</u>	22c. DATE SIGNED <u>10/6/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	23d. LOCATION (City, town, or county) <u>Kirkwood</u>	(State) <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Leo H. Fieser</u>	ADDRESS <u>Fenton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 6 '58</u>	26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u> m.j.B.
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Samuel J. Mahan*
Licensed Embalmer No. *4326*
P. O. Address *.....*

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.