

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041752

STATE FILE NUMBER

11531

85967-58
FILED DEC 10 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
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 East St. Louis 8206		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Length of stay in lb 1 1/2 days	d. STREET (If outside, give location) ADDRESS 2733 Market Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Avondus Jerome Jones			4. DATE OF DEATH Month Day Year 11/28/58		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/9/58		9. AGE (In years last birthday) 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? United States
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Easter Jones		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address E. M. Orsebh-5004 S. Kingshighway Vld.		
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>Cardiorespiratory failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Hemorrhagic pneumonia right lower lobe + Engorgement</i> DUE TO (c) <i>Non hemolytic staphylococcus aureus</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Patent ductus arteriosus 763.0</i>					INTERVAL BETWEEN ONSET AND DEATH <i>half a year</i> <i>48-36 hrs.</i> <i>7 days</i>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>11/26/58</u> to <u>11/28/58</u> and last saw her/him alive on <u>11/28/58</u> Death occurred at <u>1:25 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Richard H. [Signature]</i>			22b. ADDRESS 500 S. Kingshighway Blvd.		22c. DATE SIGNED 11/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12/1/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Brookers Washington</i>		23d. LOCATION (City, town, or county) (State) <i>Centerville Township, Ill.</i>
24. FUNERAL DIRECTOR <i>Marion [Signature]</i>		ADDRESS <i>2114 Mo. Ave. St. Louis, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 1 - 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

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 *Frank Borkoff*

Licensed Embalmer No. *4356*
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.