

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045872

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11824

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Infirmary		d. STREET ADDRESS (If outside, give location) 3326 Bell Ave	
Length of stay in lb 40 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHNNIE Middle J. Last JONES			4. DATE OF DEATH Month Dec Day 5 Year 1958
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4 1895
9. AGE (In years) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		11. BIRTHPLACE (City and state or country) Shaw Mississippi
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Frank Jones		13b. MOTHER'S MAIDEN NAME Hattie Black	
14. NAME OF HUSBAND OR WIFE Gertrude Jones		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W. W. #1	
16. SOCIAL SECURITY NO. None		17. INFORMANT Gertrude Jones 3326 Bell Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardeo Vascular Disease DUE TO (b) with Acute Congestive Failure DUE TO (c) Bronchial and Cardiac Asthma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 443X
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. -		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 -	
20g. COUNTY -		20h. STATE -	
21. I attended the deceased from 11-10-58 to 12-5-58 and last saw her/him alive on 12-5-58 Death occurred at 9:05 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. W. Little M.D.		22b. ADDRESS 3167 Sheridan Avenue	
22c. DATE SIGNED 12-8-58		22d. SIGNATURE Carl Smith M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 11, 1958	
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo	
24. FUNERAL DIRECTOR Jas H. Randle & Son 3133 Bell Ave		25. DATE RECD. BY LOCAL REG. DEC 8 '58	
26. REGISTRAR'S SIGNATURE Carl Smith M.D.		26. REGISTRAR'S SIGNATURE W. W. Little	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

800 100 000 000

EMBALMER

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 *Ether K. Harris*

Licensed Embalmer No. *4458*
P. O. Address *4181 Wash*

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.