

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045873

STATE FILE NUMBER

12451

FILED JAN 12 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300

1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|---|---|---|
| 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, MISSOURI | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL | | Length of stay in 1b 2059 | d. STREET ADDRESS (If outside, give location) 5556 Maple Ave. |
| 3. NAME OF DECEASED (Type or print) First Middle Last MACK NMN JONES | | | 4. DATE OF DEATH Month Day Year DECEMBER 21, 1958 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept 9, 1902 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 56 |
| 13a. FATHER'S NAME Simon P. Jones | | 13b. MOTHER'S MAIDEN NAME Carrie McKinney | 11. BIRTHPLACE (City and state or country) Holly Springs, Miss. |
| 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. 497-07-1247 | 12. CITIZEN OF WHAT COUNTRY? |
| 14. NAME OF HUSBAND OR WIFE Minnie Jones | | | 17. INFORMANT Minnie Jones Address 5456 Maple 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) ACUTE PULMONARY EDEMA | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LOBAR PNEUMONIA | | | 5 DAYS |
| DUE TO (c) ACUTE MONOCYTTIC LEUKEMIA | | | UNKNOWN |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 204.2 | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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 | COUNTY | STATE |
| 21. I attended the deceased from JAN 24, 1954 to DEC. 21, 1958 and last saw her alive on DEC. 21, 1958 Death occurred at 11:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. D. Vanillon, M.D. | | 22b. ADDRESS BARNES HOSPITAL | 22c. DATE SIGNED 12/22/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial removal | 23b. DATE 12-27-58 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
| 24. FUNERAL DIRECTOR E. D. Rooney ADDRESS 1221 N. Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. DEC 24 '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD |

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 Barbara Green

Licensed Embalmer No. 4755

P. O. Address 1221 N. Main

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.