Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003117
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST LOUIS — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. City Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: ST CLAIR
c. CITY OR TOWN: EAST ST LOUIS ILL — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 5712 PORTLAND — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First GEORGE Middle W. Last JINES
4. DATE OF DEATH: Month Day Year Jan. 1-1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: OCT 13 1915
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY: TRANSFER CO
11. BIRTHPLACE (City and state or country): EAS T ST LOUIS ILL
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: ARTHUR JINES
13b. MOTHER'S MAIDEN NAME: MYRTLE HAGAN
14. NAME OF HUSBAND OR WIFE: NONE
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.: unknown
17. INFORMANT: Charles Jines — Address: 2124 St Louis Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Internal Hemorrhage following Multiple gunshot wounds of the Chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): E981X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): suffered when shot with gun
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in tavern at 1806 Lafayette Ave., exact time unknown, on January 1st 1959.
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 1 1 59
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.): Tavern
20f. CITY, TOWN, OR LOCATION: St Louis Mo. — COUNTY — STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 245 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Salmon C. Taylor
22b. ADDRESS: 1300 Clinton
22c. DATE SIGNED: 1/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN 3 1959
23c. NAME OF CEMETERY OR CREMATORY: MT HOPE
23d. LOCATION (City, town, or county) (State): BELLEVILLE ILL

24. FUNERAL DIRECTOR: Robins Funeral Home — ADDRESS: 417 N 5 St E St Louis Ill
25. DATE RECD. BY LOCAL REG.: JAN 2 '59
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Proffoff

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.