

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003128

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **427**

300
-57
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43

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| 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, Mo. | | Inside Limits Yes <input checked="" 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 Enroute City Hospital | | Length of stay in lb DOA | d. STREET ADDRESS (If outside, give location) 2223a Pestalozzi |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Austin Middle A. Last Jones | | | 4. DATE OF DEATH Month Jan. Day 12, Year 1959 | | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Dec. 9, 1919 | 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Warren, Ohio. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Austin Jones | 13b. MOTHER'S MAIDEN NAME Icilene Winfield | 14. NAME OF HUSBAND OR WIFE Irene |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. # 2 | 16. SOCIAL SECURITY NO. | 17. INFORMANT Leo A. Jones, Warren, Ohio. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per Part I for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure; | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" 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, item 18.) When found in street on rear of 3232 South Exposition Avenue, all January 13th, 1959. | |
| 20c. TIME OF INJURY Hour 5 a.m. 1 12 p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 243 Shack | |
| 20e. CITY, TOWN OR LOCATION St. Louis Mo | COUNTY | STATE |

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **1000 AP** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Agnes M. Quinn | (Deceased) Jan 13 1959 | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 1/13/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 1-13-59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Wood Cemetery | 23d. LOCATION (City, town, or county) (State) Warren, Ohio. |
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| 24. FUNERAL DIRECTOR Albert H. Hoppe | ADDRESS 4700 Washington, Blvd. | 25. DATE RECD. BY LOCAL REG. JAN 13 '59 | 26. REGISTRAR'S SIGNATURE Carl Smith |
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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 *J. W. M. P. Embler* Licensed Embalmer No. *13653* P. O. Address *J. W. Embler*

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.