Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003131
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 387

1. PLACE OF DEATH
a. COUNTY ~~St.Louis~~
b. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2823 S.18th.St. — Length of stay in Ib 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St.Louis~~
c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2823 S.18th.St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First John — Middle C — Last Jones

4. DATE OF DEATH Month 1 Day 11 Year 59

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 3/9/1877

9. AGE (In years last birthday) 81 — 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) Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Bristol, Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mark Jones

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Linda Papenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. don't know

17. INFORMANT Mrs Linda Jones — Address 2823 S 18th St. St Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio Vascular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c) Nephritis — NOV 15-1959
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 593 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

21. I attended the deceased from July 1-1957, to July 10 and last saw her/him alive on July 10-1959
Death occurred at 10:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.G. Moore MD — **22b. ADDRESS** 917-5018 — **22c. DATE SIGNED** 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** 1/13/59 — **23c. NAME OF CEMETERY OR CREMATORY** Red Bud City Cemty. — **23d. LOCATION** (City, town, or county) Red Bud (State) Illinois

24. FUNERAL DIRECTOR Willferd Koch — **ADDRESS** Red Bud, Ill.

25. DATE RECD. BY LOCAL REG. JAN 12 '59

26. REGISTRAR'S SIGNATURE Earl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Wilford Koch

Licensed Embalmer No. 7064

P. O. Address .....

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.