

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019303  
STATE FILE NUMBER  
Registrar 2 4458

FILED MAY 18 1959 Registration District No. Primary Registration District No. Registrar 2 4458

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 5246a Greer		d. STREET ADDRESS (If outside, give location) 5246a Greer	
Length of stay in lb 39 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WASHINGTON JONES			4. DATE OF DEATH Month Day Year 5 2 1959
5. SEX Male <input checked="" type="checkbox"/>	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 August 6, 1887 Dec. 4, 1890
9. AGE (In years less birth date) 68 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Cleaner (retired)	11. BIRTHPLACE (City and state or country) Brownsville, Tenn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Henry Jones	13b. MOTHER'S MAIDEN NAME Lizzie Curry	14. NAME OF HUSBAND OR WIFE Edna Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT Oscar Jones Address 5200 Greer 5926 Sullivan	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertension in Cardiovascular Disease</i> DUE TO (b) <i>Chronic</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443+</i>			INTERVAL BETWEEN ONSET AND DEATH
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.) ITEM 8, 9, 17 <i>6-11-59 PDS CORRECTED</i>		
20c. TIME OF INJURY Hour Month, Day, Year p.m.	BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT <i>Employment Record N.Y. Central RR 12-7-49</i>		
20d. INJURY OCCURRED WHILE AT WORK <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 <i>4/12/59</i> to <i>5/7/59</i> and last saw her/him alive on <i>5/7/59</i> Death occurred at <i>1009</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. E. J. ... M.D.</i>		22b. ADDRESS <i>336 Chouteau</i>	22c. DATE SIGNED <i>5/6/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/8/1959	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri
24. FUNERAL DIRECTOR Charles J. Gates		25. DATE RECD. BY LOCAL REG. MAY 6 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
ADDRESS 4107 Finney			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

*221-D.C.*

IV 81, 2 22001

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 Geaton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finn

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.