

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

EILED VS JAN 15 1960

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211997

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		c. CITY OR TOWN St. Louis	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2826a Cass Ave.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First James	Middle Leroy	Last Jones	4. DATE OF DEATH	Month Dec.	Day 24	Year 1959
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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 May 12, 1929	9. AGE (last birthday) 30	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Century Elec. Co.	11. BIRTHPLACE (City and state or country) E. St. Louis, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Andrew Jones, Sr.	13b. MOTHER'S MAIDEN NAME Ella Helen Rose	14. NAME OF HUSBAND OR WIFE Madeline Jones
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2	16. SOCIAL SECURITY NO. W.W.#2	17. INFORMANT Madeline Jones Address 2826a Cass Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	IMMEDIATE CAUSE (a) Massive Intracerebral Hemorrhage	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) Suffered in collision between	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I) Left untreated by Samuel Williams in which deceased	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter cause of injury in PART IV for PART II of item 18.) as a pedestrian was operated by auto Ernest Smith
20c. TIME OF INJURY 9:30 p.m.	Month, Day, Year 12 24 59	at intersection of Cass and Bell
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21 1/2 Street	20d. CITY, TOWN, OR LOCATION St. Louis Mo

21. I attended the deceased from **1120 P.** and last saw her him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Lewis (Degree or title) Regulatory	22b. ADDRESS 1300 Clark	22c. DATE SIGNED DEC 28 1959
23a. BURIAL (CREMATION, REMOVAL) (Specify) removal	23b. DATE 12-31-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. FUNERAL DIRECTOR Nash Funeral Home	ADDRESS 111 N.13th St.	23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.
25. DATE RECD. BY LOCAL REG. DEC 28 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. J. B.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. Francis

Licensed Embalmer No. 4434

P. O. Address 111 N. 13

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.