

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 1 7 4

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3097

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 5,		Length of stay in 1b DOA	c. CITY OR TOWN Kirkwood 22 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 800 S. Fillmore Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **SARAH** Middle **G.** Last **JONES** 4. DATE OF DEATH Month **November** Day **19,** Year **1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-3-1921** 9. AGE (last birthday) **38**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Clinton, Ky.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Orville Gunter** 13b. MOTHER'S MAIDEN NAME **Pauline Bailey** 14. NAME OF HUSBAND OR WIFE **James T. Jones**

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. **492-24-7891** 17. INFORMANT **Kirkwood 22** Address **Missouri**
James T. Jones-800 S. Fillmore,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Multiple internal injuries** 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) _____ PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.) **Lost control of car she was operating**

20c. TIME OF INJURY Hour **9:50** Month, Day, Year **11/19/59** **which left highway and overturned, throwing her from car**

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.) **highway** 20f. CITY, TOWN, OR LOCATION **Rural** COUNTY **St. Louis** STATE **Missouri**

21. I attended the deceased from _____, to _____ 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 *[Signature]* (Degree or title) **Coroner** 22b. ADDRESS **Clayton, Mo.** 22c. DATE SIGNED **11/30/59**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 23b. DATE **11-23-1959** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cem.** 23d. LOCATION (City, town, or county) (State) **Kirkwood 22, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Pfzinger Mort-Kirkwood 22, Mo.** 25. DATE RECD. BY LOCAL REG. **11-23-59** REGISTRAR'S SIGNATURE *[Signature]*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis Co.

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.