URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008431

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1615

STATE FILE NUMBER

ENDED

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

Length of stay in 1b

c. CITY OR TOWN St.Louis

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2614 Park Ave.

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2614 Park Ave

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DAVIE Middle W. Last JONES

4. DATE OF DEATH Month Feb Day 10th Year 1960

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/17/98

9. AGE (last birthday) 61

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yard clerk

10b. KIND OF BUSINESS OR INDUSTRY NYC Railroad

11. BIRTHPLACE (City and state or country) Memphis Tenn.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME F Jones

13b. MOTHER'S MAIDEN NAME Nancy Whitfield

14. NAME OF HUSBAND OR WIFE Elsie Jones

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

16. SOCIAL SECURITY NO. 713-03-2623

17. INFORMANT Address Elsie Hall, 10500 Prestwick

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) Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c) disappendicitis

INTERVAL BETWEEN ONSET AND DEATH

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.)

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

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas L. McGuire M.D.

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 2/12/60

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry

ADDRESS

25. DATE RECD. BY LOCAL REG. FEB 11 1960

26. REGISTRAR'S SIGNATURE Roland Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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