

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024655

FILED VS JUN 27 1960

318

Primary Registration District

1003

Registrar's No.

5740

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>36 Yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Incarmate Word Hosp</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>2050a Waverly Pl/</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>WARNER</b> Middle <b>PAUL</b> Last <b>JONES</b>				4. DATE OF DEATH Month <b>June</b> Day <b>3</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/21/08</b>		9. AGE (last birthday) <b>52</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock Auditor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Brown Shoe Co.</b>			11. BIRTHPLACE (City and state or country) <b>Browns, Ill.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Levi Jones</b>				13b. MOTHER'S MAIDEN NAME <b>Ora Shawver</b>				14. NAME OF HUSBAND OR WIFE <b>Minnie Jones</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Yes(Unk)</b>		17. INFORMANT Address <b>Minnie Jones, 2050a Waverly Pl.</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GENERALIZED CARCINOMA TOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>BRONCHIOGENIC CARCINOMA</b> DUE TO (c) <b>162.1</b>										INTERVAL BETWEEN ONSET AND DEATH <b>6 MONTHS</b> <b>18 MONTHS</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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 <b>July 1959</b> to <b>June 3, 1960</b> and last saw him alive on <b>June 2, 1960</b> Death occurred at <b>6 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Shea Currier, MD</b>						22b. ADDRESS <b>4401 Hampton - St. Louis, Mo</b>			22c. DATE SIGNED <b>6-3-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/6/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Pickers</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>						
24. FUNERAL DIRECTOR <b>McLaughlin, 2301 Lafayette, (4)</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 4 1960</b>		26. REGISTRAR'S SIGNATURE <b>Koan Smith, M.D.</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. CARRIER  
MO. PAC. HOSP  
3 P.M.

**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 James R. Chapin  
Licensed Embalmer No. 4555  
P. O. Address St. Louis

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.