

Registration District No. 318 Primary Registration District 1003 Registrar's No. 9780-60-039876

1. PLACE OF DEATH a. 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 St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If outside, give location) 6341 Wagner	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN AUGUST JONES			4. DATE OF DEATH Month Day Year Oct 6 1960			
5. SEX Male	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 8 Days 6	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Mfg		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Benjamin Jones		13b. MOTHER'S MAIDEN NAME Maggie Cloyd		14. NAME OF HUSBAND OR WIFE Margie 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. 490-12-3965		17. INFORMANT Margie Jones 6341 Wagner Ave		

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>Subdural Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Acute Pulmonary Edema</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the immediate cause of death, or disease condition given in PART I (a) *Suffered in auto accident in St*

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. OCCIDENT SUICIDE HOMICIDE <i>Of peace Verdict</i>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or in 18.) <i>Charles County Mo Oct 1st 1960 at about 9:45 pm. Cause and manner of same could not be determined</i>
20c. TIME OF INJURY Hour Month, Day, Year <i>9:45 p.m. 10 1 60</i>	20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>55 Hwy</i>	20e. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Charles County Mo</i>

21. I attended the deceased from *9:30 A* and last saw her/him alive on *10/7/60* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Simon</i> (Degree <i>Deputy</i>)		22b. ADDRESS <i>300 Clark</i>		22c. DATE SIGNED <i>10/7/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-10-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co Mo</i>	

24. FUNERAL DIRECTOR ADDRESS <i>JAS H. RANDLE & SON 3133 Bell Ave</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 8 1960</i>	26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 13 1961

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 Ether H. Harris

Licensed Embalmer No. 445

P. O. Address 4181 Waco

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

ORIGIN OF