RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
D VS JAN 16 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12559 — 60-047621 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO.
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) CITY #I
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1127 Armstrong
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ISBELLA ELZAR Middle: J. Last: JONES
4. DATE OF DEATH Month: DEC. Day: 25 Year: 60
5. SEX: F
6. COLOR OR RACE: NEGRO
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-22-41
9. AGE (last birthday): 19
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): house wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: HOWARD YOUNG
13b. MOTHER'S MAIDEN NAME: ROSIE LOCKHART
14. NAME OF HUSBAND OR WIFE: JAMES EZELL JONES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: H
17. INFORMANT: Rosie Young Address: MOTHER 1127 S ARMSTRONG.

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) Fracture Dislocation of neck, Atlas on the axis with hemorrhage in spinal canal, suffered
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) when deceased jumped through window of home
DUE TO (c) to ground below at 2211 Hickory Street, about 3:35 P.M. Dec. 23, 1960. Accident
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) 902.0-21

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.) See above
20c. TIME OF INJURY Hour 3:35 a.m. p.m. Month, Day, Year 12-23-60
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.) Home
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

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.

BY AFFIDAVIT OF

22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner
22b. ADDRESS 300 Clark
22c. DATE SIGNED 12/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE DEC. 31-60
23c. NAME OF CEMETERY OR CREMATORY OAKdale
23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
24. FUNERAL DIRECTOR K. WILLIAMS. F. HOME ADDRESS 914 n SARAH ST.
25. DATE RECD. BY LOCAL REG. DEC 29 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 Eugene Miles

Licensed Embalmer No. 362

P. O. Address 2911 Fr

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