RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

EILED VS JAN 5 1961

NDED

-60-048117

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3721

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in Ib: 1 hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Joseph
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St Louis
c. CITY OR TOWN: Kirkwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 703 N.Kirkwood Rd. Mo.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Lillie Middle: M. Last: Jones

4. DATE OF DEATH: Month: Dec. Day: 23 Year: 1960

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-18-1882

9. AGE (last birthday): 78

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): Housewife - at Home

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Poseyville, Ind.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Oliver Anderson

13b. MOTHER'S MAIDEN NAME: Mary Graham

14. NAME OF HUSBAND OR WIFE: Stephen Jones

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs John Kirk Address: Kirkwood, Mo. 703 N.Kirkwood Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	14 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	years.
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.)

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 1958, to 12-23-1960 and last saw her alive on 12-23-1960

Death occurred at 12:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Miller MD

22b. ADDRESS: Kirkwood, Mo. 135 W. Adams

22c. DATE SIGNED: 12-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec.26-60

23c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery

23d. LOCATION (City, town, or county) (State): Eldorado, Ill.

24. FUNERAL DIRECTOR: Louis H.Bopp, Inc. ADDRESS: Kirkwood Mo.

25. DATE RECD. BY LOCAL REG.: 12-25-60

26. REGISTRAR'S SIGNATURE: John C. Murphy 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 Francis J Wagland Jr

Signature of Student Embalmer

Licensed Embalmer No. 4512

P. O. Address Kirkwood, M

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.