MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4594 STATE FILE NUMBER 61-019127

FILED JUN 2 1961

1. PLACE OF DEATH
a. COUNTY City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6310 Bancroft — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6310 Bancroft — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) A/K/A First John Joseph Jones Last John J. Jones

4. DATE OF DEATH Month May Day 13 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 11, 1899
9. AGE (last birthday) 61 — IF UNDER 1 YEAR Months 10 Days 2 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Examiner
10b. KIND OF BUSINESS OR INDUSTRY Internal Revenue Office
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John Jones
13b. MOTHER'S MAIDEN NAME Caroline Bruner
14. NAME OF HUSBAND OR WIFE Mrs. Gladys Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1 and WW 2
17. INFORMANT Mrs Gladys Jones Address 6310 Bancroft St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: coronary occlusion
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 day
arteriosclerotic heart disease
DUE TO (b) Arterio sclerotic Heart Disease — 7 months
hypertensive cardiovascular disease
DUE TO (c) Hypertensive Cardiovascular Disease — 7 months

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

O.K. Paul Simon Deputy Coroner 5-7-61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

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 Nov 1956, to present and last saw him alive on 3-18-61.
Death occurred at 5:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Todd Forsyth (Degree or title) B. Todd Forsyth MD M.D.
22b. ADDRESS 3720 Washington Ave. 3720 Washington St Louis Mo.
22c. DATE SIGNED 5-22-61.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE May 16, 1961
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St. Louis 9, Missouri
25. DATE RECD. BY LOCAL REG. 5-15-1961
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Dr. Todd Forsyth
3720 Washington JE 1-6646

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Bill E Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.