SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022768
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6210

FILED JUL 13 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b About 45 yrs.

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. City Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4260 W. Aldine Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Alexander Last Jones

4. DATE OF DEATH Month 6 Day 30 Year 61

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11 20 1900

9. AGE (last birthday) 60 — 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) Porter

10b. KIND OF BUSINESS OR INDUSTRY Art Supply

11. BIRTHPLACE (City and state or country) Nashville Tenn.

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

13a. FATHER'S NAME James Jones, Sr.

13b. MOTHER'S MAIDEN NAME Amy Jones

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT Carrie Jones Address 4260 W.Aldine Ave.

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) Fracture of ribs; Rupture of liver, suffered

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

DUE TO (b) when crushed by elevator while working at 1113

DUE TO (c) Locust street about 11:00 a.m., June 30th 1961, ACCIDENT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 912.3-11

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 a.m. p.m. 11:00 Month, Day, Year 6-30-61

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.) 25 Factory

20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 11:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Queen Deputy Coron

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 7-3-61

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

23b. DATE 7 7 61

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) St.Louis County (State) Mo.

24. FUNERAL DIRECTOR Pettis Mortuary ADDRESS 4181 Washington Blvd.

25. DATE RECD. BY LOCAL REG. JUL 3 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE NOT ... DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

MEDICAL CERTIFICATION

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 Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washing

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.