

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-038782

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10327**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis			Length of stay in 1b 1 mo.		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5443 Sunshine Dr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle Pauline Last Jones				4. DATE OF DEATH Month Nov. Day 6 Year 1961			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Europe		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME not known			13b. MOTHER'S MAIDEN NAME not known			14. NAME OF HUSBAND OR WIFE Clive R Jones, deceased	
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. none		17. INFORMANT Annette Jones Address 5443 Sunshine Dr.		
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 of left hip; Generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis; suffered in fall at home in DUE TO (c) Kitchen on or about October 4, 1961. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 904.0-21		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 10-4-61 p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home		
20f. CITY, TOWN, OR LOCATION St. Louis, Mo			20g. COUNTY		20h. STATE		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 1140 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Spink M. Quinn</i> (Degree or Title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11-7-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11/8/61		23c. NAME OF CEMETERY OR CREMATORY Vadhalla Crematory		23d. LOCATION (City, town, or county) (State) St Louis County Mo.	
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. NOV 7 1961		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>	

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 Donald B. King

Licensed Embalmer No. 4763

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.