

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-047240**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3568

**FILED** JAN 9 1962

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton St. Louis Co., Mo. Length of stay in lb 3 DAYS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital 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 Maplewood Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 7608 Jerome Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First DEWEY Middle E Last JONES  
 4. DATE OF DEATH Month 12 Day 15 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-24-1921 9. AGE (last birthday) 40  
 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) Postman 10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Dept. 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Estill E. Jones 13b. MOTHER'S MAIDEN NAME Duella Lamburth 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#11 16. SOCIAL SECURITY NO. WW#11 17. INFORMANT Estill Jones Address 7608 Jerome

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease  
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.

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 12-12-61 to 12-15-61 and last saw her him alive on 12-15-61  
 Death occurred at 5:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Albert L. Howe MD (Degree or title) 22b. ADDRESS 601 S. BRENTWOOD BL. CLAYTON 22c. DATE SIGNED 12/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-18-1961 23c. NAME OF CEMETERY OR CREMATORY Lake Charles 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Jay B. Smith ADDRESS Maplewood, Mo. 25. DATE RECD. BY LOCAL REG. 12-15-61 26. REGISTRAR'S SIGNATURE John C. Murphy MD

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 *H. C. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.