MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020579

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5661

FILED JUN 15 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

DATE AMENDED 22 59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1		
2		
3		
4	0	
5	0	
6		
7	1	
8	1	
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10		
11		
12	75-0	
13		

75

BY AFFIDAVIT OF DOCUMENT

BRITTING BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: MO.

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST.LOUIS — Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST.LOUIS CITY HOSP. #1 — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo. b. COUNTY:

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

d. STREET ADDRESS (If outside, give location): 509 Chestnut St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WENDELL Middle E. Last JONES

4. DATE OF DEATH: Month JUNE Day 4 Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 2-16-1902

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): Hotel Clerk-Woodbine Hotel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Tomah, Wisconsin

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

13a. FATHER'S NAME: Unknown Jones

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Erma Jean Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 2-15-26 TO 9-16-29

17. INFORMANT: Betty Stratmann Address: 10035 Bon Oak (36)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) LUETIC HEART DISEASE WITH AORTIC INSUFFICIENCY

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

DUE TO (b)

DUE TO (c) 023X

INTERVAL BETWEEN ONSET AND DEATH

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

ASH D CHOLELITHIASIS BPH

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 6/2/62 to 6/4/62 and last saw her/him alive on 6/4/62

Death occurred at 1:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. E. [illegible] M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE

22c. DATE SIGNED: 6/4/62

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

23b. DATE: June 7, 1962

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 6 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____ Signed Edwin A. McDermott

Signature of Student Embalmer

Licensed Embalmer No. 302K

P. O. Address_____

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.