

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18832

317

Primary Reg. Dist. No. 3063 Registrar's No. 1370

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3063		REGISTRAR'S NO. 1370		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overtland</u>		4091		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Addie Rd &amp; Lee Lane</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>Martens</u> c. (Last) <u>JONAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 12 1888</u>		
9. AGE (In years last birthday) <u>62</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Smelterman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hogoner, Electric's</u>		11. BIRTHPLACE (State or foreign country) <u>St James Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Michael Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Hoover</u>		14. NAME OF HUSBAND OR WIFE <u>Hannah Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>484-09-4392</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hannah Jones</u> ADDRESS <u>Overtland</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>150X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 27, 1950</u> , to <u>May 28, 1950</u> , that I last saw the deceased alive on <u>May 28, 1950</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Wicker, M.D.</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED		
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>5-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steelville</u>		24d. LOCATION (City, town, or county) (State) <u>Steelville Mo</u>		
DATE REC'D BY LOCAL REG. <u>MAY 29 1950</u>		REGISTRAR'S SIGNATURE <u>Robert S. Kloube, Jr.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Helms - Harrel</u> ADDRESS <u>1905 Union</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Albert P. Thompson Jr

Licensed Embalmer No. 4237

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 this body is not embalmed, fact should be so stated above.