

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2951**
0951
Registrar's No.

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Lovejoy 8/20	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 307 Jefferson street 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print) GEORGIA JONES			4. DATE OF DEATH (Month) (Day) (Year) Jan 28, 1954		
a. (First)	b. (Middle)	c. (Last)	9. AGE (in years last birthday)	10. UNDER 1 YEAR	11. UNDER 10 MIN.
Female 3	Negro	Married	March 27, 1896	57	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Housewife		at home		VENICE, ILLINOIS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
				USA	

13a. FATHER'S NAME John Banks		13b. MOTHER'S MAIDEN NAME Georgia Ann Lindsey		14. NAME OF HUSBAND OR WIFE Daniel Jones	
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'S SIGNATURE OR NAME Daniel Jones-307 Jefferson St., Lovejoy, Ill	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (Coronary Thrombosis)			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension (Hypertension)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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? 4201		

22. I hereby certify that I attended the deceased from 1/20, 1954, to 1/28, 1954, that I last saw the deceased alive on 1/28, 1954, and that death occurred at 6A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. E. F. WARDEN M.D.		23b. ADDRESS 930 W. LINDA ST.		23c. DATE SIGNED 1/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 30, 1954		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	

DATE REC'D BY LOCAL REG. JAN 30 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home-East St. Louis, Ill.	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Thomas M. Dawson

Licensed Embalmer No. 4479

2205 Missouri Ave.

P. O. Address East St. Louis, Ill.

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.