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FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10563

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2783

1. PLACE OF DEATH
a. COUNTY [illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FIRMIN Desloge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. 4148
b. COUNTY ST. LOUIS
c. CITY OR TOWN JENNINGS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 5542 Hodiamont

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Combs
c. (Last) Cones St

4. DATE OF DEATH (Month) (Day) (Year) March 16 1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 11 1877
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Cones
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE Caroline Cones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-09-0897
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Combs Cones 5542 Hodiamont

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, acute & chronic — INTERVAL BETWEEN ONSET AND DEATH 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic hypertrophy — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1956, *to* Mar 16, 1956, *that I last saw the deceased alive on* Mar 16, 1956, *and that death occurred at* 2:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE Jas. C. Redington (Degree or title) James C. Redington Jr. M.D.
23b. ADDRESS 1325 S. Grand St Louis
23c. DATE SIGNED March 19, '56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/20/56
24c. NAME OF CEMETERY OR CREMATORY Laurel Hills
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. MAR 19 1956
REGISTRAR'S SIGNATURE J. Earl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Micel, 1150 No Kingshiway

(Licensed Embalmer's Statement on Reverse Side)

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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.