

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015207

STATE FILE NUMBER

FILED MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar's No. 2746

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barge Foot of N. Market St.		d. STREET ADDRESS 2944 Thomas Street,	
3. NAME OF DECEASED (Type or print) Lynn Jones		4. DATE OF DEATH 3 16 1959	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 11, 1898
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and state or country) Riley, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Jones	
14. MOTHER'S MAIDEN NAME Bessie Bates		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. 500-32-2710		17. INFORMANT Lizzie Jones 2944 Thomas Street.	
18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull and the 1st Cervical Vertebra; Subdural Hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATIVE TO THE TERMINAL DISEASE, READ FROM LEFT TO RIGHT Left laceration struck by edge hatch of barge door of North Market Street about 3:45 p.m.			INTERVAL BETWEEN ONSET AND DEATH 857X 7
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY 3:45 p.m. 3 16 59		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 260 Barge	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 5:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or filer) Patrick C. Taylor		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 3-18-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 3/23/59		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		24. FUNERAL DIRECTOR C.W. Roberts Und. Co 1416 N. Taylor Ave	
25. DATE RECD. BY LOCAL REG. MAR 18 '59		26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

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.