

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

4594

61-019127

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED JUN 2 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY City		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) St. Louis		Length of stay in 1b years	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6310 Bancroft		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6310 Bancroft
3. NAME OF DECEASED (Type or print) A/K/A First John Joseph Jones Last John J. Jones		4. DATE OF DEATH Month May Day 13 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Examiner		10b. KIND OF BUSINESS OR INDUSTRY Internal Revenue Office	9. AGE (last birthday) 61
13a. FATHER'S NAME John Jones		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13b. MOTHER'S MAIDEN NAME Caroline Bruner		12. CITIZEN OF WHAT COUNTRY U. S. A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1 and WW 2		14. NAME OF HUSBAND OR WIFE Mrs. Gladys Jones	
16. SOCIAL SECURITY NO. 492-07-7987		17. INFORMANT Mrs Gladys Jones Address 6310 Bancroft St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion DUE TO (b) arteriosclerotic heart disease DUE TO (c) hypertensive cardiovascular disease Conditions of any, which gave rise to above cause (a), starting the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 day 7 months 7 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Nov 1956 to present and last saw him alive on 3-18-61 . Death occurred at 5:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. Todd Forsyth (degree or title) M.D.		22b. ADDRESS 3720 Washington Ave. St. Louis, Mo.	
22c. DATE SIGNED 5-22-61		22d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 16, 1961	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa St. Louis 9, Missouri		25. DATE RECD. BY LOCAL REG. 5-15-1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

OK
Paul Forsyth
M.D.
5/16/61