

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11520

1. PLACE OF DEATH

County.....

Registration District No. **7911**
1003

File No.

Township.....

Primary Registration District No. **Lambdin**

Registered No. **3363**

City **St. Louis** (No. **3026**)

St. Ward)

2. FULL NAME

Patrick Jones
(a) Residence, No. **3026** **Lambdin** **10** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. If MARRIED, WIDOWED, or DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **About 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 63

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labourer**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Miss.**

10. NAME OF FATHER

(STATE OR COUNTRY) **unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **unknown**

12. MAIDEN NAME OF MOTHER

(STATE OR COUNTRY) **unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **unknown**

14.

INFORMANT **Mrs. A. H. Conaday**
(Address) **3024 Marquette Pl.**

15.

Mrs. C. Stankert
REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 23 1928**

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., and that I last saw him alive on, 19....., and that death occurred, on the date stated above, at **3:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemorrhage due to ruptured adenoma of the aorta (non-traumatic)

CONTRIBUTORY (SECONDARY) **96 W. M. A., 103E** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **J. W. Kerner, M.D.**
3/24 1928 (Address) **Dep. Coroner**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington Park **3/26 1928**

20. UNDERTAKER

ADDRESS

A. Russell and Co. Pine St. **2732**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 26 1928

