

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

Do not use this space.

*a true copy of record of Thomas Jones - Lewis L. Coffey*

File No. 37456  
 Registered No. 10508

1. PLACE OF DEATH  
 County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis (No. 1368 Burd Ave.) St. .... Ward)

2. FULL NAME Thomas Jones  
 (a) Residence, No. #1368 Burd Ave. St. .... Ward. 5  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy M. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
41 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Cheff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Principia School

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lanca, England

FATHER 13. NAME Robert Jones

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER 15. MAIDEN NAME Harriet Bridgewater

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT Mrs. Dorothy M. Jones  
 (ADDRESS) 1368 Burd Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson, N. J. DATE Nov. 6, 1930

19. UNDERTAKER C. R. Lupton & Sons.  
 (ADDRESS) 4449 Olive St.

20. FILED Nov. 6, 1930 Max C. Starkloff  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**  
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1930

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Acute Lobar Pneumonia.

Other contributory causes of importance:  
Chronic Myocarditis.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify..... (Signed) Thomas Jones M. D.

(Address) .....

CAUSE OF DEATH: A plain statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

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

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**1. PLACE OF DEATH**

County..... Registration District No..... File No. 37456  
 Township..... Primary Registration District No..... Registered No. 10508  
 City St. Louis (No. 1368 Burd Avenue St. .... Ward)

**2. FULL NAME** Thomas Jones  
 (a) Residence, No. 1368 Burd Avenue St. .... Ward. 5  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy M. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29, 1889

7. AGE YEARS MONTHS DAYS If less than 1 year  
41 6 7 4 hrs

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Chef  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Principia School  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster England

FATHER 13. NAME Robert Jones  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Harriet Bridgewater  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Dorothy M. Jones  
 (ADDRESS) 1368 Burd Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson N.J. DATE Nov 6 30 19

19. UNDERTAKER C. R. Lupton & Sons  
 (ADDRESS) 4449 Olive St.

20. FILED 3-6 1937 J. J. Bredenk  
 Registrar

**MECHANICAL CERTIFICATE OF DEATH**  
 No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1930

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset  
Chronic Myocarditis  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify Dr. Louis Padberg (Coroner) M. D.  
 (Signed)..... (Address).....

CAUSE OF DEATH

RECEIVED

5-37456

MAR 4 - 1937

THE STATE BOARD OF HEALTH  
OF MISSOURI

STATE OF MISSOURI )  
                          ) SS  
CITY OF ST. LOUIS )

On this 3<sup>rd</sup> day of March, 1937, appears Doctor Louis Padberg, Coroner of the City of St. Louis, who, upon his oath, states that the records in the Coroner's office show that Thos. Jones, died November 5th, 1930 at 1368 Burd Avenue.

Affiant further states that the cause of death of Thos. Jones was "Acute Lobar Pneumonia and Chronic Myocarditis".

Affiant further states that the original death certificate of this person #10,508 had been made out incorrectly, giving the cause of death as "Shock and Injuries, Fractured Skull, Struck by Ford Coupe, Accident".

Affiant desires by this affidavit to correct the death certificate of Thos. Jones.

  
Dr. Louis Padberg, Affiant,  
Coroner of the City of St. Louis.

Subscribed and sworn to before me this 3<sup>rd</sup> day of  
March, 1937.

  
Notary Public.

My Commission Expires, April 3<sup>rd</sup> 1940.

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

Do not use space.

37456

1760

**1. PLACE OF DEATH.**

County..... Registration District No. **791**  
 Townshp..... # Primary Registration District No. **1003**  
 City **St. Louis** (No. **1368** **Burd. Ave.**) St. .... Ward)

File No. ....  
 Registered No. **10508**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **#1368 Burd. Ave.** Ward. **5**  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 5 1930**  
 17. **No Physician in Attendance**  
 I HEREBY CERTIFY, That I attended deceased from .....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dorothy M. Jones**

19....., to ....., 19.....  
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... **4:50 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 29 1889**  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

THE CAUSE OF DEATH WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Head Chef**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Principia School**  
 (c) Name of employer **St. Paul's, Mo.**

**Shock & Injury**  
**(Fractured Skull)**  
 Received when struck by a Ford Coupe (duration) **Mo. 8:10 a.m. 10/13/30**  
 CONTRIBUTORY (SECONDARY) **Wrecking across street**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Laura England**

18. WHERE WAS DISEASE CONTRACTED **England**

10. NAME OF FATHER **Robt. Jones**

IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY? **yes**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **England**

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) **J. W. Fenner, M.D.**

12. MAIDEN NAME OF MOTHER **Harriett Briggwater**

Address **Dep. Currier**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **England**

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.

14. INFORMANT (Address) **Mrs Dorothy M. Jones 1368 Burd. Ave.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Paterson N. J.** DATE OF BURIAL **11-6-1930**

15. FILED **May 11 1931** REGISTRAR

20. UNDERTAKER **C. R. Rixton** ADDRESS **Street #4449**

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.