

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

Do not use this space.

37917

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City St. Louis Mo. (No. 2347A Park Av.)

File No. ....  
Registered No. 10625  
St. .... Ward)

**2. FULL NAME**

Steven W. Jones  
(a) Residence, No. 2347A Park Av. St. 22 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. 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 OR (OR) WIFE OF Betty Jones  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day. ....hrs. ....min.  
58 | 7 | 26 |  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropractor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11 222  
10. Date deceased last worked at this occupation (month and year) 8-1-32 11. Total time (years) spent in this occupation. 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME George Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jennie Calvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Betty Jones  
(ADDRESS) 2347A Park Av

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Dec 2 1932

19. UNDERTAKER E. J. Schurz  
(ADDRESS) 2125 Lafayette Ave.

20. FILED DEC -1 1932 Wm E Barber Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932, to Nov 29, 1932

I last saw him alive on Nov 28, 1932 Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:  
myocarditis (chronic) Date of onset

Other contributory causes of importance:  
936 JBC

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? no  
If so, specify.....

(Signed) James M. Haven, M. D.  
(Address) 2025 S. Jefferson Ave  
St Louis

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.

RECORD

