

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

Do not use this space.

41990

1. PLACE OF DEATH

County St. Louis
Township _____
City St. Louis MO (No. _____)

Registration District No. 791
Primary Registration District No. 233
(No. Carnes Hosp)

File No. _____
Registered No. 11112
St. _____ Ward _____

2. FULL NAME

Carl Alfred Jones
(a) Residence, No. 2108 N. 20th St., 12 Ward.

Washington Park, Ill
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-31-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weather Struff. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed for yrs
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delia Kansas

FATHER 13. NAME Raymond Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Kan

MOTHER 15. MAIDEN NAME Katherine Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Kan

17. INFORMANT (ADDRESS) Ray Jones 645 East 4th St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stephens Cemetery DATE 12/15/32

19. UNDERTAKER (ADDRESS) Bruchler & Co East 4th St. St. Louis

20. FILED DEC 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-14-1932 to 12-13-1932
I last saw him alive on 12-15-1932. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lung
Tuberculosis of pericardium
23A
31
Other contributory causes of importance: 12/13
Tuberculosis erythema

Name of operation none Date of _____
What test confirmed diagnosis? exam 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. (1)
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify unrelated
(Signed) Kenneth R. Bell, M. D.
(Address) Carnes Hospital

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.

MARGIN RESERVED FOR BINDING

S. NO. 2

