

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

10-27-34
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.

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

Do not use this space.

3067

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis mo Barnes Hospital

File No.....
Registered No. 725
St. Ward)

2. FULL NAME

William Joseph Jones
(a) Residence, No. 6436 O'Fallon St., 1418-3 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mabel Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 23, 1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>- 2</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Brouse Shoe Co</u>		
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) <u>Cincinnati</u>		
13. NAME <u>Unknown Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Maria Egan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NY Jersey City</u>		
17. INFORMANT <u>Mabel Jones</u> (ADDRESS) <u>6436 O'Fallon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Sebastian</u> DATE <u>Jan 22 1934</u>		
19. UNDERTAKER <u>The Ghausers Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>Jan 19 1934</u> <u>J. J. Bredebeck</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1934, to 1-19 1934

I last saw him alive on 1-19 1934 Death is said

to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary disease
Arteriosclerosis
Arteriosclerotic heart disease
Cardiac Decompensation
Date of onset 1921

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

(Signed) C. M. Charles, M. D.

(Address) Barnes Hospital

