

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

Do not use this space.

10336

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033-C
 City St. Louis No. See Sec. 14 & curve cover tracks File No. 84
 (If nonresident, give city or town and State) Ward

2. FULL NAME

(a) Residence, No. Charles E. Jones St. 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 married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 3-20-1934 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Margaret Jones

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

17. INFORMANT Ethel Jones
 (ADDRESS) 445 Madison Ave. Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE See See Cemetery DATE 3-23-1934

19. UNDERTAKER Funerary Bureau Co. Inc.
 (ADDRESS) 504 West 10th St. St. Louis, Mo.

20. FILED 3-23-1934 H. Bachner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21 1934

22. I HEREBY CERTIFY, That I attended deceased from , 1934, to , 1934.

I last saw him alive on 1/20, 1934. Death is said to have occurred on the date stated above, at 8a. m.

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

Shot; - Killed by party or parties yet unknown with a .38 calibre revolver, one bullet entering left side of face, & taking its exit posterior to the rear. Second bullet entering just below the heart on the L side, & emerging just

Name of operation Date of
 What test confirmed diagnosis? autopsy 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 3/21, 1934
 Where did injury occur? Frederick Hotel, lower St.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Shot
 Nature of injury 175

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 3/23/34

(Signature) James B. Timon
 (Address) 3718 Jennings St.

Coroner & Quip Co., 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.

APR 25 1934

to the r. of spinal column,
of the 11th. rib.

This bullet causing destruction
to brain & skull, also liver
& r. lung, right kidney & diaphragm.

Verdict of Jury: - We the Jury
find that Charles Jones, came
to his death from gunshot wounds,
by party or parties unknown, &
therefore, render an open verdict
for further investigation.
Was found near Fee Fee Rd &
breve lower line.