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

APR 25 1934

Do not use this space.

10364

File No.
Registered No. 95

1. PLACE OF DEATH
County St Louis County
Registration District No. 790
Township
Primary Registration District No. 60339
City Ferguson (No. County Hospital St. Ward)

2. FULL NAME Louise Jones
(a) Residence, No. South Kirkwood Mo. 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 Fem
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT George Hunter
(ADDRESS) Ferguson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 3-30-1934

19. UNDERTAKER English Undertaking Co
(ADDRESS) 2430 Texas Ave

20. FILED 3/29 1934 Robt J Hughes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-5-34, 19..., to 3-22, 1934
I last saw her alive on 3-22, 1934. Death is said to have occurred on the date stated above, at 5:45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
(bilateral)	3-20-34
9-28	
9-28	
Other contributory causes of importance:	
Cardiac decompensation	?
(degenerative heart disease)	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Darwin Westphal, M. D.
(Address) St Louis Co Hosp

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.