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.

APR 25 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. in rear of 625 S. Skinker St. ..... Ward)

File No. 10402

Registered No. 2198

2. FULL NAME Ernst Jonas

(a) Residence, No. 1159 Hampton Park St. NR Ward. Richmond Heights Mo
(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 OF (OR) WIFE OF: Rose Tuholske

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 6, 1872

7. AGE: Years 61 | Months 2 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

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): Germany

FATHER

13. NAME: Julius Jonas

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

MOTHER

15. MAIDEN NAME: Ernestine Wolff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Dr Austin Tuholske
(ADDRESS) 453 N. Taylor Ave,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Sinai DATE 3/4/34 19

19. UNDERTAKER: Mayer
(ADDRESS) 4356 Lindell Blvd.

20. FILED ..... 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

N. Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/2/1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 50 A.m.

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

Multiple fractures of skull, arms and legs due to fall from 17th floor areaway to ground at 625 Skinker Rd.

Date of onset

Other contributory causes of importance:

169 169

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? Suicide Date of injury 3/2/1934

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury Jumped or fell

Nature of injury Shock & injuries

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

If so, specify

(Signed) Harold [illegible] M. D.

(Address) [illegible]

3/3/34