

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

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis, (No. Deaconess Hospital) St. Ward)

File No. 11130
 Registered No. 2991

2. FULL NAME Edward W. Jones,

(a) Residence, No. 7412 Wise av., 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 Marguerite Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1889 - 3 - 10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 - 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Stocker Co.
 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) Chicago, Ill.

13. NAME Lewis Jones,

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

15. MAIDEN NAME Margaret Goss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT Marguerite Jones (ADDRESS) 7412 Wise Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill. DATE 3/26/34, 1934

19. UNDERTAKER Robert J. ... (ADDRESS) Clayton Road at Concordia Lane.

20. FILED APR 20 1934 J. H. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1934, to 3/24, 1934

I last saw him alive on 3/24/1, 1934. Death is said to have occurred on the date stated above, at 8:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Congenital Cystic Kidneys
Hereditary
1335
 Other contributory causes of importance: 157
Chronic degeneration

Name of operation none Date of ...
 What test confirmed diagnosis? P.M. 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.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) J. H. Bredbeck, M. D.
 (Address) Missouri, Bldg

