

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

Do not use this space.

14136

1. PLACE OF DEATH

County St. Louis Registration District No. 489
 Township Central Primary Registration District No. 6033-C
 City Overland (No. 1323 - Gaebler) St. _____ Ward _____

File No. _____
 Registered No. 96
 St. _____ Ward _____

2. FULL NAME

Charles H. Jones
 (a) Residence, No. 2323 Gaebler 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 (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Jones (nee Hoffmeyer)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 | 2 | 14

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

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) St. Louis, Mo

13. NAME Wittenman

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

15. MAIDEN NAME Wittenman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenman

17. INFORMANT Frances Jones (ADDRESS) 2323 Gaebler

18. BURIAL, CREMATION, OR REMOVAL PLACE LaRe Charles Ave DATE April 5, 1934

19. UNDERTAKER Baumann Bros and Co. Inc. (ADDRESS) 2504 Woodson Rd. Overland, Mo

20. FILED 4-3-34 19 34 Ed. Baechner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934, to April 2, 1934
 I last saw him alive on April 2, 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
cardiac decompensation

1070
 950
 108

Other contributory causes of importance:
cardiac decompensation

Name of operation none Date of _____

What test confirmed diagnosis? chest x-ray 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) Stephen Q. Ricketts, M. D.
 (Address) 2071 Woodson Overland, Mo.

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

WHITE PRINTED WITH OVERTON IMPRESSIONS IS A PERMANENT RECORD

Dr. Stephen R. Rechtarsie

april