

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

APR 25 1935

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

Do not use this space.

11437

1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 B  
 City Jefferson Barracks Veterans Administration Facility (No. ms.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 101

2. FULL NAME John Frank Jones

(a) Residence, No. 511 A. N. 6th Street St. \_\_\_\_\_ Ward East St. Louis, Illinois  
 (Usual place of abode)  
 Length of residence in city or town where death occurred Un yrs kno mos. Wn 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 Lulu Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	<u>46</u>	<u>7</u>	<u>19</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Eng.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Kentucky

FATHER 13. NAME Unavailable

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

MOTHER 15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Kentucky

17. INFORMANT (ADDRESS) W. C. Gibson, M.D. Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cath. Cem. DATE 3-18-1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister, W. & L. Co. 17814 1/2 Broadway

20. FILED Mar 18 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to March 6, 1935

I last saw him alive on March 6, 1935. Death is said to have occurred on the date stated above, at 3:48 p.m.

The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia Date of onset Unkn

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 Physical exam. clinical manifestations No. \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
X-ray and laboratory findings.

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. C. Gibson, M.D. Chief Med. Officer D.  
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

