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

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

JAN 23 1936

Do not use this space.

2851

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton~~ — Primary Registration District No. 60339 — Registered No. 17

City Clayton (No. County Hospital St. Ward)

2. FULL NAME Frank R Jones

(a) Residence, No. 740 Cornell Str. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Webster Groves Mo.

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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1893

7. AGE: YEARS 42 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A.
10. Date deceased last worked at this occupation (month and year) 1/9/36
11. Total time (years) spent in this occupation

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

FATHER

13. NAME Harry Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Henrietta Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Harry Jones 739-Cornell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dixon DATE 1/15 1936

19. UNDERTAKER (ADDRESS) J. C. Lewis Webster Groves Mo

20. FILED Jan 15 1936 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/36, 19

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 4 A m.

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

	Date of onset
Chr. myocarditis, generalized arteriosclerosis, with extreme coronary sclerosis with occlusion of rt. coronary, due to complete calcification at or near its approximate or origin.	

Other contributory causes of importance:

Angina pectoris. Died in attack of angina pectoris.

Name of operation autopsy Date of

What test confirmed diagnosis? 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?

If so, specify 1/13/36

(Signed) Tula B Turner, M. D.

(Address) 3718 Jennings Rd

Crown St Louis, Co., Mo.

DEC 27 1944