

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

Do not use this space.

17357

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 5452 Southwest Ave.)

File No.
Registered No. 4121
St. Ward

2. FULL NAME Dr. H.A. Jones

(a) Residence, No. 5452 Southwest Ave. St., 13 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1862</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>
	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) <u>about 5 yrs.</u>
11. Total time (years) spent in this occupation	

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

13. NAME David Jones

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

15. MAIDEN NAME Ellen Gaynor

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

17. INFORMANT Bertha Jones
(ADDRESS) 5452 Southwest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 4-17-36

19. UNDERTAKER Tracy Shesser, Mortuaries
(ADDRESS) 4228 N. Mississippi

20. FILED APR 15 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to April 14, 1936
I last saw him alive on April 14, 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Hypostatic Pneumonia Date of onset april 11-36

Other contributory causes of importance:
Bulbar Paralysis

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? no 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.P. Newmeyer, M. D.
(Address) 6200 Columbia Ave

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.

Dr. Neurich