JUN 26 1936

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

Do not use this space.

20839

1. PLACE OF DEATH
County St. Louis
Township Clayton
City ~~Clayton~~ (No. St. Louis County Hospital St. Ward)

Registration District No. 790
Primary Registration District No. 60334

File No.
Registered No. 208

2. FULL NAME John Jones,
(a) Residence, No. 8503 Agnus Ave. St., Ward.
(Usual place of abode) Brentwood, Mo.
(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 colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/15/1882

7. AGE YEARS 53 MONTHS 10 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chair-Caner
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.

FATHER
13. NAME Frank Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Suzan Bartlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Gladys Ellis, Brentwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 6/1 1936

19. UNDERTAKER (ADDRESS) A. Russell Und. Co 2732 Pine St

20. FILED 6/1 1936 Do A J Siguoneli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/1936, 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 3:50 PM
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. endocarditis; chr. myocarditis; Chr. arteriosclerosis, with calcified leaflets, particularly of the aortic and mitral orifices. Large fibrotic thrombus completely

~~Other contributory causes of importance:~~
filling left auricle and pulmonary vein.
OVER

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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 5/29/36
(Signed) Luke B. Timmons, M. D.
(Address) 3718 Jennings Rd
Coroner St. Louis Co. 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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Seconary: Thrombotic fibrotic clot, occluding the left auricle and pulmonary vein, shutting off heart-cycle.