

SEP 15 1936

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

Do not use this space.

32661

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Hospital No. 2)

Registration District No. 1003
City Registration District No. 2

File No.....
Registered No. 8534
St. Ward)

2. FULL NAME Sam Jones

(a) Residence, No. 2612 Lawton Ave. St., 2/ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 13

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. common
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) Kentucky

FATHER
13. NAME Clem Jones

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

MOTHER
15. MAIDEN NAME Kitty Hooser

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

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father's Dickson DATE 8/17 1936

19. UNDERTAKER J. W. Hughes
(ADDRESS) 2620 Lawton Ave.

20. FILED AUG 17 1936
J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-3- 36, to 8-13- 36

I last saw him alive on 8-13- 36. Death is said

to have occurred on the date stated above, at 3:50 P. M.

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

Arteriosclerotic Heart Disease Date of onset 7-3- 36

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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?.....
If so, specify.....

(Signed) A. L. Lepore M. D.

(Address) City Hospital # 2

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.

