

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

Do not use this space.

JUL 8 - 1937

**791
1003**

22110

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City **St Louis, Mo.** (No. **2639.A.** Lucas, Ave, File No. **5862**
Registered No. **5 th,** Ward)

2. FULL NAME Charles Jones,

(a) Residence, No. **2619.A. Lucas, Ave,** St., **5 th** Ward. **21**
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **47 yrs. 4 mos. 1 1/2** How long in U. S., if of foreign birth? **47 yrs. 4 mos. 1 1/2**

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 Ethel Jones,				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2nd, 1890.				
7. AGE 37	YEARS 47	MONTHS 4	DAYS 11	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. Odd Jobs,			
	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, Missouri.				
FATHER	13. NAME Thomas Jones,			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Ill.			
MOTHER	15. MAIDEN NAME Millie Douglass,			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, U Ill.			
17. INFORMANT (ADDRESS) Wilber Douglass, 2946 A. Laclede, Ave, St Louis,				
18. BURIAL, CREMATION, OR REMOVAL PLACE Nat'l Cemetery, DATE 6/18/37.				
19. UNDERTAKER (ADDRESS) R. C. Houston, Jr., 2812 Thomas, St., St Louis, Mo.				
20. FILED JUN 15 1937 J. P. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from **6-5**, 19**37**, to **6-12-1937**, 19...
I last saw him alive on **6/13**, 19**37** Death is said to have occurred on the date stated above, at **3:30 A.M.**
The principal cause of death and related causes of importance were as follows:

*Acute Bacterias
Endocarditis.* Date of onset **6/15**

Other contributory causes of importance:
*Bronchial Asthma
Rectal Cancer
Fetters cause unknown*

Name of operation..... Date of.....
What test confirmed diagnosis *Aluidy* Where did injury occur?

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. Bredeck*, M. D.
(Address) *509 E. Jefferson*

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.

