SEP 10 1937

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

29300
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City St. Louis

Registration District No. 791

Primary Registration District No. 1003

Registered No. 7933

(d) Street No. 5551 Enright St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate A. Jones

(a) Residence, No. 5551 Enright St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as saw mill, bank, etc. Schools

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Ill.

FATHER

13. NAME William Jones

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

MOTHER

15. MAIDEN NAME Horana Slattery

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

17. INFORMANT Clara F. Jones
(ADDRESS) 5551 Enright ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8/25/37, 19..

19. FUNERAL DIRECTOR Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. Filed AUG 24 1937, 19.. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 1937, to Aug. 22, 1937

I last saw her alive on Aug. 22, 1937. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Paraplegia of spinal origin — Date of onset

53D

Other contributory causes of importance:

Carcinoma, Simplex of lower spine

Name of operation — Date of —

What test confirmed diagnosis? Laboratory 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? No

If so, specify

(Signed) H. John Harris, M. D.

(Address) 4030 Chouteau ave

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. Nothing should be stated which is not known to be true. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clement McNeary

L. E.

No. 3732 or by , Registered Apprentice No.

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)