

JAN 10 1938

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

43402
Do not use this space.

791 2
1003

Registered No. 11652

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 6853 Southwest Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James A. Jones

(a) Residence, No. 6853 Southwest Ave. St. 4 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 9 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Core Maker
9. Industry or business in which work was done, as saw mill, bank, etc. Iron Foundry
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1937, to Dec 15 1937
I last saw him alive on December 12, 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1936

Other contributory causes of importance: 3

Name of operation Date of
What test confirmed diagnosis? 3. Bacilli in sputum 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) St. Louis Schuchert M. D.
(Address) 2200 Chouteau Ave

12. BIRTHPLACE (CITY OR TOWN) St. Louis /
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Jones

14. BIRTHPLACE (CITY OR TOWN) Tennessee ✓
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lulu Lee

16. BIRTHPLACE (CITY OR TOWN) St. Charles /
(STATE OR COUNTRY) Missouri

17. INFORMANT Lulu Russell
(ADDRESS) 6853 Southwest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks Dec. 20 37

19. FUNERAL DIRECTOR Russell Undertaking Co.
(ADDRESS) 2732 Pine Street

20. FILED DEC 20 1937 J. F. Bredeck
Local Registrar.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

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