

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH9282
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. 4012 Westminister 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

Louis E. Jones 520
 (a) Residence, No. 4012 Westminister St. 19 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy C. Jones.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer (retired)
 9. Industry or business in which work was done, as 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) Nashville,
 (STATE OR COUNTRY) Tenn.

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

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lucy C. Jones
4012 Westminister

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE 3/27 38

19. FUNERAL DIRECTOR (ADDRESS) Gregham Und. Co.
7116 Manchester Ave.

20. FILED MAR 27 1938 J. J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1938 to March 26 1938

I last saw him alive on March 26 1938. Death is said to have occurred on the date stated above, at 6 P m.

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

chronic Nephritis + Uremia
caused by chr. nephritis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. T. Bush M. D.

(Address) 2505 So. Branch St.
St. Louis Mo

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

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

L. E. Francis Williamson

No. 3565 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed M. J. Croghan
Licensed Embalmer No. 2622

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.)