

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH12871
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Mo. (d) Street No. City Hospital #1 Registered No. 3475
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

Christina Jones 520
 (a) Residence, No. 3023 North 11th St. 26 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Chas. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67.75

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ?
 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) Highland 1
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME ? Beckman 9

14. BIRTHPLACE (CITY OR TOWN) ? 9
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ?

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

17. INFORMANT Hosp. info. M. Williams
 (ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friedens Cem DATE April 14, 1938

19. FUNERAL DIRECTOR (NAME) Judgmente Inc
 (ADDRESS) 3924 N. 20th St.

20. FILED J. B. Bredeek
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10/38, 19, to 4/11/38, 19.

I last saw her alive on 4/11/38, 19. 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:

Hemorrhage into Cerebrum
Bronchopneumonia
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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 Richard P. Veth
 (Signed) M. D.
 (Address) 1515 Lafayette

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Geo P Schubert

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 1/2 Kingshighway

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.)

If this body is not embalmed, above space should be left blank.