

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township St. Louis, Mo.  
City..... (No. Jewish Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No. 16440  
Registered No. 4301 (Ward)

2. FULL NAME

Else O. Jones Died Jewish Hospital 520  
(a) Residence, No. NR St. Festus, Mo. Ward. Festus, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 8-1884</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Decorator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation..... <u>0</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>J. M. Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Melinda Catherine Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
17. INFORMANT (ADDRESS) <u>Clifford Jones</u> <u>St. Louis, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus, Mo.</u> DATE <u>May 10/ 1938</u>		
19. UNDERTAKER (ADDRESS) <u>E. L. Jenkins</u> <u>Festus, Mo.</u>		
20. FILED <u>MAY 10 1938</u> <u>J. F. Biedler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1938

22. I HEREBY CERTIFY That I attended deceased from April 19, 1938, to May 7, 1938

I last saw him alive on May 6, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:  
acute Coronary Thrombosis Date of onset 5-10-38  
19, 1938

Other contributory causes of importance:  
Ch. coronary disease

Name of operation None Date of.....  
What test confirmed diagnosis? Electrocardiogram 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) Joseph B. Skindis / M. D.  
(Address) 6205 Arsenal St.

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.

Em. blank signed  
CF.