

REC'D JUL 12 1938

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

20353
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **201**
(b) Township Primary Registration District No. **1008**
(c) City **of St. Louis** (d) Street No. **City Hospital #1** Registered No. **5492**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **James Wiley Jones**

(a) Residence, No. **1029 Grattan Street** St. **22**
(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 **Male**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed Husband of Lena**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 26, 1877**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Maintenance Man**
9. Industry or business in which work was done, as saw mill, bank, etc. **Ben Steiner**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dunlap Tennessee**

FATHER
13. NAME **Unknown**

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

MOTHER
15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Virgil Jones 1105a Park Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **6-18-38**

19. FUNERAL DIRECTOR (ADDRESS) **A. W. McLaughlin 2301 Lafayette Avenue**

20. FILED **JUN 17 1938** **J. D. Budwick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/16/38** 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, **2:00 A.M.**

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

Star Hemorrhage, Traumatic Subdural Hemorrhage of Brain and compound fracture of Right Leg, due to being struck by Ford auto driven by one Elmer Fugel at the intersection of Park and 12th St. about 6:30 P.M. May 30-1938
Date of onset
Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide **Accident** Date of injury **5/30/38**
Where did injury occur? **St. Louis Mo**
Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **See above**
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Joseph M. Quinn** (Signed) **Deputy Coroner** (Address)

WHITE PRINT, WITH OMPADING 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper Licensed Embalmer No. 3633

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 L. R. Cooper
Licensed Embalmer No. 3633

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.)