

REC'D SEP 12 1938

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

27590

Do not use this space.

## 1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City **St. Louis, Mo.** (d) Street No. **Christian Hospital** 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. **14** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791

1008

Registered No. 7604

2. PRINT FULL NAME **Julia A. Jones**

(a) Residence, No. .... St. **JR** **Jerseyville, Illinois**  
 (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 **Female** 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 **George E. Jones**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 31/1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**71 7 23**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 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) **June 1931** 11. Total time (years) spent in this occupation **50 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Piasa Illinois**13. NAME **Thomas H. Stratton**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Knoxville, Tenn.**15. MAIDEN NAME **Elisabeth Ellsworth**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk. England.**17. INFORMANT **Festus L. Florida** (ADDRESS) **302 Bellrida, Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Jerseyville, Ill.** DATE **Aug. 27/1938**19. FUNERAL DIRECTOR **Albert H. Hoppe, Inc.** (ADDRESS) **429 N. Euclid, Ave.**20. FILED **AUG 26 1938** **J. B. Bulech** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 24/1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 7<sup>th</sup> 1937**, to **Aug 23<sup>rd</sup> 1938**, 19 **38**  
 I last saw her alive on **Aug 23<sup>rd</sup> 1938** Death is said to have occurred on the date stated above, at **6:55 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Arterial Sclerosis of Heart**  
**Myocardium**  
**Cerebral Hemorrhage**  
 Date of onset **1937**

Other contributory causes of importance:

**Cerebral Hemorrhage** 8/21/38

Name of operation **Chical** Date of **7-0**What test confirmed diagnosis? **Chical** Was there an autopsy? **7-0**

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 **Yes. A. Mellis** M. D.(Signed) **2743 N. Grand** (Address)

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

*Ray W. Wilkinson*

Licensed Embalmer No. \_\_\_\_\_

2575

**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.)**