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.

REC'D FEB 10 1939

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

676
Do not use this space.

791
1003
676

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis, Mo. (d) Street No. St. Louis Childrens 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

520

2. PRINT FULL NAME Jones, Maxwell
(a) Residence, No. 3837 Lawler Dr., St. Louis, Mo. N.R. ST. LOUIS. CO.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-14-38
7. AGE YEARS MONTHS 6 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as saw mill, bank, etc. child
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) St. Louis, Missouri.

FATHER
13. NAME Maxwell J. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mildred Dugdale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Nedder 500 S. Kings highway
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem DATE Jan. 25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann-Hanah 1905 Union Blvd.
20. FILED JAN 23 1939 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22nd. 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939, to 1-22, 1939
I last saw him alive on January 22, 1939 Death is said to have occurred on the date stated above, at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho	1-16-39
Primary	

Other contributory causes of importance: 107a

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? no
If so, specify .....
(Signed) R. J. Blattner, M. D.
(Address) 1500 So. Kingshigh

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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