

REC'D MAY 22 1939

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

15939
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Charles Registration District No. 757
 (b) Township St. Charles Primary Registration District No. 3036
 (c) City St. Charles (d) Street No. 415 Boone Ave 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.

2. PRINT FULL NAME Louise C Jones
 (a) Residence, No. 415 Boone Ave St. (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 Male 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 Margaret Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 27, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Maker
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
 10. Date deceased last worked at this occupation (month and year) October 1937 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hico, Texas

FATHER
 13. NAME James Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, MO

MOTHER
 15. MAIDEN NAME Fannie Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, MO

17. INFORMANT (ADDRESS) Mrs Margaret Jones
St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE April 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hahnemann-Baul
St. Charles MO

20. FILED 4/18 1939 Clarence G. Messler Local Registrar. A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from July - 2nd, 1937, to April 16, 1939
 I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 3:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs

Date of onset Jan. 1938

Other contributory causes of importance: 23'

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray of lungs Was there an autopsy? _____

23. If death was due to external causes (violence), fill in 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 _____
 (Signed) T. R. Hendrix, M. D.
 (Address) St. Charles, MO

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. I X-16603

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..... *William C. Bane*

Licensed Embalmer No..... *3155*

P. O. Address..... *St Charles Mo.*

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.