

WAYNE PLAINLY - USE UNFADING BLACK INK - MAKE 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.

U.S. JUL 12 1939 791

State File No. \_\_\_\_\_

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5555**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Lukes Hospital  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution 4 months  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis Midplwood NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7226 Lyndhurst Place  
 (If rural, give location) Midplwood  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 22  
 year 1939 hour 11 minute 35 A. M.  
 21. I hereby certify that I attended the deceased from 21  
July 6, 1939, to June 22, 1939;

that I last saw him alive on June 22, 1939;  
 and that death occurred on the day and hour stated above.

Immediate cause of death Respiratory collapse  
 Duration \_\_\_\_\_

Due to Fibrosarcoma, left BUTtock 3 mos.  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy, within 3 months of death)

Major findings: Multiple neurofibromatosis  
 Of operations Biopsy - Fibrosarcoma

Of autopsy Generalized sarcomatosis  
 Underline the cause to which death should be charged statistically

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature William H. Lee, M.D. (M. D. or other) \_\_\_\_\_  
 Address St. Louis Hospital Date signed 6/22/39

3. (a) PRINT FULL NAME George E. Jones 520

8. (b) If veteran, name war No. 8. (c) Social Security No. No.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5 1916  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Louis mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Club

11. Industry or business Silk supply

MOTHER FATHER { 12. Name Unknown 9  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Smag Jones  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John W. B. Key  
 (b) Address 73 Lyndhurst

17. (a) Cremation (b) Date thereof 6/23/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Missouri Crematory  
 18. (a) Signature of funeral director Oscar J. Hoffmeister  
 (b) Address 4016 Chippewa St.

19. (a) JUN 28 1939 (b) J. J. Redick  
 (Municipal or local registrar) (Registrar's signature)

7326.

*Not embalmed*  
*JK*

**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 comply with the above constitutes grounds for revocation of license.)**

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