

REG'D AUG 11 1939
Registration District No. 5291

Primary Registration District No. _____

Registrar's No. 6445

1. PLACE OF DEATH: 1008

(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: 5345a Quincy St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Dont know
years, months or days

3. (a) PRINT FULL NAME Caroline Wones 520

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Joseph Wones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 31 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Housework
at home

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Ehret
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Caroline Spissinger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Wones
(b) Address 5345a Quincy St.

17. (a) Burial (b) Date thereof 7-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUL 22 1939 (b) J. D. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5345a Quincy St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1939 hour 3:15 minute _____ P.M. M.

21. I hereby certify that I attended the deceased from December 7, 1938 to July 20, 1939
that I last saw her alive on July 20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 1/2 months
Duration
Due to Arterio Sclerosis

Due to _____
Other conditions Chronic of liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none
PHYSICIAN _____
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 _____
28. Signature Frank J. Schroy (M. D. or other) _____
Address 1800 Chippewa St. Date signed 7.26.39

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.

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.....

Edwin M. Schwartz

Licensed Embalmer No.....

3024

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.