

REC'D SEP 14 1939  
Registration District No.

**791**  
**1003**

Primary Registration District No.

1. PLACE OF DEATH: **2**  
(a) County **Saint Louis, Missouri.**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **2830-A Lemp Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County **1**  
(c) City or town **Saint Louis.** **24**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2830-A Lemp Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Caroline Jones, 520**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **5th.**  
year **1939.** hour **8** minute **05 P.M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Louis** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **September 3rd, 1870.**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **MAR. 31**, 19**39**, to **July 5**, 19**39**;  
that I last saw him alive on **July 5**, 19**39**;  
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<b>68</b>	<b>11</b>	<b>2</b>	hr. _____ min.

Immediate cause of death:  
**Bronchial Asthma** **2 yrs**  
**Chronic Myocarditis** **2 yrs**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Unknown Illinois.**  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Unknown Illinois.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Illinois.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **William Jones**  
(b) Address **2830-A Lemp Ave.**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **August 8, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Pauls Churchyard Cem.**

18. (a) Signature of funeral director **Riegenhair Bros.**  
(b) Address **2623 Cherokee Street.**

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

19. (a) **AUG 7 1939**  
(Date received local registration) (Registrar's signature)

28. Signature **R. B. Karn** (M. D. or other) **M.D.**  
Address **2002 So Broadway** Date signed **8/7/39**

USE CONTINUING 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.

I X 1931

**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 J. E. Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

**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.**