

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100-517-30
I X1951

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34788

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 9326

1. PLACE OF DEATH: 1003
 (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: Enroute to City Hospital 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 35 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri / (b) County _____
 (c) City or town St. Louis /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3709 Koeln ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ralph Victor Jones 520
 3. (b) If veteran, name war None
 3. (c) Social Security No. 497-07-946

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 28
 year 1939 hour 12 minute 15 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marie Jones
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased November 21 1895
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lyaol Poisoning, self administered, at his home 3709 Koeln Av., Octo. 28th, 1939, about 10.00 A.M. SUICIDE. Duration _____

8. AGE: Years Months Days If less than one day
48 11 7 hr. _____ min.

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Charleston Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Stationary Engineer

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name George S. Jones
 13. Birthplace Unknown
 14. Maiden name Nancy Knight (State or foreign country)
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Marie Jones
 (b) Address 3709 Koeln ave.
 17. (a) Burial (b) Date thereof. Oct. 31, 39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ST-TRINITY. CEM
 18. (a) Signature of funeral director C. Hoffmeister & Co.
 (b) Address 7814 S. Broadway
 19. (a) OCT 31 1939 (b) J. F. Budick
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 10-28-1939
 (c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
 While at work _____ (Specify type of place) Means of injury _____
 23. Signature Joseph M. Budick (M.D. or other)
 Address Deputy Registrar

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. *4049*

P. O. Address *6464 Deep...*

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.