

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38095**  
Registrar's No. **9934**

DEC 17 1939 7:01  
Registration District No. **1000**

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Jewish Hospital  
(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

3. (a) PRINT FULL NAME Lailani Rae Jones  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 31 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Ray Jones  
13. Birthplace Hillsboro, Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Ross  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Jones  
(b) Address 3337 Clara Ave.

17. (a) Removal (b) Date thereof 11-21, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hillsboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. (a) NOV 21 1939 (b) J. J. Baddeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County City of St. L.  
(c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3337 Clara Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1939 hour 10<sup>10</sup> AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from BIRTH  
Aug 31, 1939, to Nov 20, 1939;  
that I last saw her alive on Nov 20, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cystic tumor of abdomen  
1 1/2 days post-operation at least 1 mo.  
Duration

Due to Non malignant

Due to \_\_\_\_\_

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

Major findings: As above

Of autopsy as above

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 \_\_\_\_\_

23. Signature J. J. Baddeck (M. D. or other) (KENDIS)

Address \_\_\_\_\_ Date signed 11/20/39

WRITE 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.

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**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 *Walter S. Hopper* .....

Licensed Embalmer No. *2971* .....

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.**