

791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **FILED FEB 17 1940**

(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:
3453 Gassonde 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 Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3453 Gassonde Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Fred J. Jones 200

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

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

6. (b) Name of husband or wife Hermine Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1870
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business _____

12. Name Frederick Jones
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred H Jones
(b) Address 3453 Gassonde

17. (a) _____ (b) Date thereof 1-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wiegand's Mortuary
(b) Address 4228 So. Kingshighway

19. (a) JAN 13 1940 (b) _____
(Date received local registrar) (Registered Embalmer)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day January
year 1940 hour 12:10 pm minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 5th, 1940, to Jan 12th, 1940
that I last saw him alive on Jan 12th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Phonetic myocarditis

Due to Phonetic Bronchial asthma

Other conditions Cronic Infectious Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 Wiegand's Mortuary (M. D. or other) _____
Address 4661st Agnes Ave Date signed 1/12/40

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.....
Eduard M. Bernath

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.