

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.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Masonic Home of Missouri

(d) Length of stay: In hospital or institution 7 yr. 9 mo. 29 da.

In this community Same

3. (a) PRINT FULL NAME Jones M. Self

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 26, 1870

8. AGE: Years 69 Months 6 Days 24

If less than one day _____ hr. _____ min.

9. Birthplace Irondale, Missouri

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {

12. Name T. B. Self

13. Birthplace Irondale, Missouri

14. Maiden name Mary E. Burton

15. Birthplace Hopewell, Missouri

16. (a) Informant's own signature Clara Rathe

(b) Address 5351 Delmar Blvd., St. Louis, MO

17. (a) Removal (b) Date thereof 1/22/40

(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JAN 22 1940 (b) J. H. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis

(d) Street No. 5351 Delmar Blvd.

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20

year 1940 hour 11.10 minute A. M.

21. I hereby certify that I attended the deceased from March 21 1932 to January 20 1940

that I last saw him alive on January 19 1940

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Angina Pectoris 2 Week

Due to _____

Chronic Myocarditis 1 yr.

Due to _____

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

(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 [Signature] (M. D. or other) _____

Address 5351 Delmar Blvd. Date signed 1. 20 40

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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 J. G. Sullivan

Licensed Embalmer No. 1122

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.