

FILED MAR 12 1940  
791

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

1934

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

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

1. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. St. Louis  
(c) Name of hospital or institution. St. Louis City Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Everett Jones (Curly)

3. (b) If veteran, name war. None  
3. (c) Social Security No. 498-05-2557

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

6. (b) Name of husband or wife Hazel M. Jones  
6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July 4th 1912  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>27</u> | <u>7</u> | <u>21</u> | hr. _____ min. _____ |

9. Birthplace Frank Clay Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Moulder

11. Industry or business Sterling Aluminum Co

12. Name John Jones

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Effie Meek

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel M. Jones

(b) Address 2652a Geyer Ave.

17. (a) Burial (b) Date thereof 2-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irondale Mo.

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4104 Manchester Ave.

19. (a) FEB 26 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 2652a Geyer Ave.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25  
year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Shot Seen

Wound of Right Side of

Due to Week long influenza

Due at his home 2652a

Geyer on Feb 25 - 1940  
at about 9:45 AM

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 2/25/40

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place, in public place?

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

23. Signature \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Edmund M. Gerwitz*

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.**