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V. S. No. 2
M—11-10-39
Rev. 5-17-39
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9503

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2986

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days /
(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. 3907 Maffit Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Christie Jones

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

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 Jan (Month) 28th. (Day) 1876 (Year)

8. AGE: Years 64 Months 2 Days # If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Thomas Jones /
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Margaret Meagher
15. Birthplace (City, town, or county) Ill / (State or foreign country)

16. (a) Informant Catherine Gemke
(b) Address 3907 Maffit Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) MAR 30 1940 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28, year 1940 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from March 16, 1940 to March 28, 1940 that I last saw her alive on March 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction. Caused by strangulated hernia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 2a

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

23. Signature Kenneth L. Carter (M. D. or other)
Address 1515 Lafayette, Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Homer W. Fritz

Licensed Embalmer No. 38820

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.