

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26307  
Registrar's No. 1409

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town PINE LAWN  
(c) Name of hospital or institution 4336 Edgewood Blvd  
(d) Length of stay: In hospital or institution 13 MONTHS  
In this community 13 MONTHS

3. (a) PRINT FULL NAME Sarah Jones 570

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1858

8. AGE: Years 82 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Louis County Mo

10. Usual occupation HOUSE KEEPER

11. Industry or business OWN HOME

12. Name James Jones

13. Birthplace St Louis County

14. Maiden name Unknown Hardysett

15. Birthplace Kentucky

16. (a) Informant's own signature Ratie Jones

(b) Address Manchester Mo

17. (a) Burial (b) Date thereof 7-31-40

(c) Place: burial or cremation Manchester Mo

18. (a) Signature of funeral director Schnader Funeral Home

(b) Address Ballerwin Ave

19. (a) JUL 29 1940 (b) R. M. Jones

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS  
(c) City or town Pine Lawn  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1940 hour 4:20 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from July 28  
\_\_\_\_\_, 1937, to July 28, 1940  
that I last saw her alive on July 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic)  
Due to Senility  
Due to \_\_\_\_\_  
Other conditions Senile Dementia  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_  
23. Signature K. E. Sterling (M. D. or other) \_\_\_\_\_  
Address 2050 North South Road Date signed 7-22-40

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address 21 Kenilworth

**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.**