

2-3-40  
7-39  
623159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Missouri Certificate  
295716  
State File No. \_\_\_\_\_  
Registrar's No. 1606

Registration District No. 784

Primary Registration District No. 181

1. PLACE OF DEATH:  
(a) County: St. Louis  
(b) City or town: Overland Clayton  
(c) Name of hospital or institution: St. Louis Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1 day  
In this community: 2 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: St. Louis  
(c) City or town: Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 2415 Bass Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: Sarah Jane Jones  
3. (b) If veteran, name war: none  
3. (c) Social Security No.: none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 20  
year 1940 hour 9 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 8/12/40  
19\_\_\_\_, to 8/17/40, 19\_\_\_\_  
that I last saw her alive on 8/17  
and that death occurred on the date and hour stated above.

4. Sex: 7  
5. Color or race: W  
6. (a) Single, widowed, married, divorced: Widowed  
6. (b) Name of husband or wife: Stephen Jones  
6. (c) Age of husband or wife if alive: 13 years  
7. Birth date of deceased: Aug. 13 1858  
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis  
Due to: 8 hr  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 0 Days 7  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace: Unionville Mo.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation: Retired Housewife  
11. Industry or business: \_\_\_\_\_  
12. Name: Sylvester Poie  
13. Birthplace: unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name: unknown  
15. Birthplace: unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Jennise Belcher  
(b) Address: 2415 Bass  
17. (a) Burial, cremation, or removal: Burial  
(b) Date thereof: 8-24-40  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Hale Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director: Baumann  
(b) Address: 2504 Washington  
19. (a) Date received local registrar: AUG 23 1940  
(b) Registrar's signature: J.C. [Signature]

23. Signature: John J. Conwell (M. D. or other)  
Address: Overland Mo Date signed: 8/23/40

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

MOTHER FATHER

**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 *W. G. Petersen*

Licensed Embalmer No. *3767*

P. O. Address *2504 Woodson*

**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, fact should be so stated above.**