

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

33557  
State File No. 8254

NOV 16 1940

791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days) 1 year

8. (a) PRINT FULL NAME Gus Jones

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ollie Jones 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept, 22 1890.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 0 10 hr. min.

9. Birthplace Murray Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Harvey Jones

13. Birthplace Murray Ky.  
(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 Henry Jones  
(b) Address 21 South 21st St.

17. (a) Burial (b) Date thereof 10-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dixon Cem.

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

(b) Address 2820 Stoddard St

19. (a) Oct 4 1940 (b) J. B. Brink  
(Received legal notice) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 2/  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 N 23  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1  
year 1940 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from Sept 15, 1940 to October 1, 1940;  
that I last saw him alive on October 1, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 7 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy As above

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 1

23. Signature C. Allen (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. Bay by

\_\_\_\_\_, Registered Apprentice No. my  
working under my personal supervision.

Signed

Lonnie Bay

Licensed Embalmer No.

2946

P. O. Address

St Louis Mo

**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.**