

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **33562**
Registrar's No. **825-9**

NOV 16 1940

Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **825-9**

PLACE OF DEATH:

- (a) County **St. Louis**
- (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution **Mo Pac Hospital**
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution **Sept 26**
(Specify whether)
- In this community **Week**
years, months or days

3. (a) PRINT FULL NAME **Wm. Steve Jones**

3. (b) If veteran, ☒ name war
3. (c) Social Security No. **702-19-5655**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Jones**
6. (c) Age of husband or wife if alive **unk** years
7. Birth date of deceased **Sept 30 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **0** Days **3**
If less than one day

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

10. Usual occupation **Long Sent Mo Pac Ry**

11. Industry or business **Laborer**

12. Name **Henderson Jones**

13. Birthplace **Scott Co** **Virginia**
(City, town or county) (State or foreign country)

14. Maiden name **Elizabeth Harnett**

15. Birthplace **Scott Co** **Virginia**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Jones**

- (b) Address **Nearby to Racine**

17. (a) **Removal** (b) Date thereof **10-4-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Robt. J. Ambrose**

- (b) Address **6623 Clayton**

19. (a) **10-4-40** (b) **J. T. Bredek**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Kansas** (b) County **Barton**
- (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
- (d) Street No. **Box 34**
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? **✓** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**
year **1940** hour **11:00** minute **6.00**

21. I hereby certify that I attended the deceased from **Sept 26** to **Oct 3**, 19 **40**
that I last saw him alive on **Sept 26th - October 3, 1940**
and that death occurred on the date and hour stated above.

- Immediate cause of death **Coronary Heart Disease** Duration **?**

- Due to **myocarditis chronic**

- Due to **Cardiac Hypertrophy**

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations **93C**

- 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? (City or town) (County) (State)
- (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

23. Signature **Frank E. Donnell** (M. D. or other)

- Address **Missouri Pacific** Date signed **10/3/40**

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

Em blank signed CF

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.....

Licensed Embalmer No.....

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, fact should be so stated above.