

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: 5844 Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
years, months or days

3. (a) PRINT FULL NAME GEORGE W. JONES

3. (b) If veteran, name war **
3. (c) Social Security 481-74-6377

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 9 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Guggsville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Sec., Treas. Evans & Howard

11. Industry or business Evans & Howard

12. Name James H. Jones

13. Birthplace London England
(City, town, or county) (State or foreign country)

14. Maiden name Ann Elizabeth Goozie

15. Birthplace London England
(City, town, or county) (State or foreign country)

16. (a) Informant Anna W. Jones

(b) Address 5844 Maple Ave.

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

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander J. Cox

(b) Address 6175 Delmar

19. (a) OCT 9 1940 (b) J. H. Burdick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5844 Maple
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day October
year 1940 hour 7 minute 9 A. M.

21. I hereby certify that I attended the deceased from Jan 9
_____, 1939, to Oct 8, 1940
that I last saw him alive on Oct 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Prostatitis & Pancreatitis
Bronchitis - Pneumonia 3 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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?

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

23. Signature Glenn K. Nodrup (M. D. or other)

Address 740 54 Date signed 10/9/40

SEP 18 1942

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.....

Robert E. White....., Registered Apprentice No. 209
working under my personal supervision.

Signed Joseph E. McCulloch.....

Licensed Embalmer No. 2460

P. O. Address 6145 Delmar

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.