

No. 2
1-13-40
-17-39
I X23259

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10479**

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: City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5208 Wells Ave. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Ella Lake Jones

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 Widowed

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

7. Birth date of deceased. Sept 1 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 3 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER { 12. Name Cyrus R. Lake 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Jane Piggett
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice W. Wentge

(b) Address 1170 N. Kingshighway

17. (a) Burial (b) Date thereof 12-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harrel

(b) Address 1905 Union Blvd.

19. (a) DEC 21 1940 (b) J. F. Bredeck
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 40 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right femur. Arteriosclerosis
Suffered in fall to floor while attempting to get out bed at her home, 5208 Wells Ave
Due to Nov 18/40
Due to About 7:00 o'clock am
Other conditions Accident
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 186 a
Of operations.....
Of autopsy 18

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) Accident
(b) Date of occurrence Nov 18/40
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
0 Home

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

23. Signature Thomas J. Callahan (M. D. or other)
Address Deputy coroner Date signed 12/21/40

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

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

Warren A. Carver

Licensed Embalmer No. *3534*

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.