No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43895

State File No.

FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2456

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1703 Lincoln (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 6 years

In this community 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles

(c) City or town St Charles Mo (If outside city or town limits, write "RURAL")

(d) Street No. 508 North 9th St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIS - JONES

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race Colored

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of ~~husband~~ or wife Belle Jones

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July (Month) 29 (Day) 1860 (Year)

8. AGE: Years 80 Months 4 Days 26 If less than one day hr. min.

9. Birthplace St Charles Mo (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer 0

11. Industry or business American Car & Fdy Co 9

FATHER
12. Name Nelson Jones 9
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Broadwaters
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Lucile Vaughn

(b) Address 1703 Lincoln — Richmond Heights Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles Mo.

18. (a) Signature of funeral director H C Dalmeyer & Sons Co

(b) Address 800 N 2nd - St Charles Mo

19. (a) DEC 28 1940 (Date received local registrar) (b) T K Meyer MD Dr PH (Registrar's signature) JB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day Dec year 1940 hour 3 minute 18 P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1940 to Dec. 25, 1940 that I last saw him alive on Dec 15th 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Sigmoid	1 yr
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Sigmoid Metastasis of Liver

Of autopsy None made

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Davie (M. D. or other)

Address Century Bldg Date signed 12-25-40

(Licensed Embalmer's Statement on Reverse Side)

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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.