No. 2
1-1-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15780

Registration District No. 786 Primary Registration District No. 106 Registrar's No. 933

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

1. PLACE OF DEATH
(a) County St Louis
(b) City or town Kirkwood Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U. S. Marine Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-25-41 to 5-1-41.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 2444A Edison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country 2

3. (a) PRINT FULL NAME JOSEPH-EDWARD-JONES-
3. (b) If veteran, name war NO-
3. (c) Social Security No. 333-03-0338
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDITH
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 6 (Month) 1 (Day) 1884 (Year)

8. AGE: Years 56 Months 11 Days ✓ If less than one day hr. min.

9. Birthplace (City, town, or county) England (State or foreign country)
10. Usual occupation
11. Industry or business W.P.A.
FATHER 12. Name PETER-JONES-
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)
MOTHER 14. Maiden name THANAR-HARRIS-
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant John Herbert Jones
(b) Address 2444A Edison Granite City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Edwardsville Ill
18. (a) Signature of funeral director Charles E. Mercer
(b) Address Granite City, Ill.
19. (a) MAY - 2 1941 (Date received by local registrar) (b) E. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1941 hour 6:45 minute 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.

Duration

Immediate cause of death While riding as a passenger in an auto. on a public highway in Illinois, was struck by another automobile
Due to Acute serofibrenous pericarditis
Due to Atelectasis both lungs with pleural effusions.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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) Accident
(b) Date of occurrence August 30, 1940
(c) Where did injury occur? Illinois (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H Bapp (M. D. or other)
Address Kirkwood, Mo. 5/2/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1945

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 Louis H Bapp

Licensed Embalmer No. 931

P. O. Address Kirkwood 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, fact should be so stated above.