No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29450

Registration District No. 284 Primary Registration District No. 200 Registrar's No. 1691

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6-20-41 (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3100 North Grand Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JONES, John L.

3. (b) If veteran, name war World-1918

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 30 (Day) 1894 (Year)

8. AGE: Years 46 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Peoria (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Watchmaker

11. Industry or business Same

MOTHER FATHER

12. Name Ellis E. Jones

13. Birthplace Peoria (City, town, or county) Illinois (State or foreign country)

MOTHER

14. Maiden name Elizabeth S. Lenley

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

16. (a) Informant M. Kelley

(b) Address Government Records, VAF, Jeff. Bk. Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Aug 11, 41 (Month) (Day) (Year)

(c) Place: burial or cremation PATON, NEW MEXICO

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) AUG 11 1941 (Date received local registrar) (b) E. J. McGarvey M.D. (Registrar's signature)

107 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1941 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from 6-20-41, 19..., to 8-10-41, 19...; that I last saw him alive on 8-10-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, and anginal syndrome. — Duration: Unknown

Due to AND

Nephritis, chronic, with oedema and Uremia — Duration: Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations No Operation

Of autopsy Refused

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 R. W. GOOD, M.D. (M. D. or other)

Address Actg. Chief Medical Officer Date signed

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 Richard G. Hoffmeister, Registered Apprentice No. ..... working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 646 Chippewa

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.