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X28390

Registration District No. 7911 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Barnes Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Hadley W. Jones
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Jones
6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased December 6 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 10 Days 12
If less than one day hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business Gruen-Colins Const. Co.

12. Name Cornelius Jones

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

14. Maiden name Lena Satterley
15. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Jones

(b) Address 6635 Hoffman Ave.

17. (a) Burial (b) Date thereof Oct. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 21 1941 (b) J J Buresk
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 19
(c) City or town St. Louis, 63
(d) Street No. 6635 Hoffman Ave. 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 5 day 18
year 1941 hour minute 45 P. M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage from laceration of left leg
fracture of tibia when he fell from ladder while working at Moments Chemical Co. East St. Louis Oct 16 1941
Other causes: None
(Include pregnancy within 3 months of death)
As determined by physician

Major findings: Of operations: Of autopsy: 1860
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) Open Verdict
(b) Date of occurrence 10-16-41
(c) Where did injury occur East St. Louis Ill.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry

23. Signature: Thomas J. Cellar
Address: Dept. Coroner Date signed 10/21/41

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

Carve

MAR 30 1973

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. Carve

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.