

7215  
S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

JAN 24 1942  
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day** (Specify whether  
**40 years** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

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. **2236 Benton Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Margaret Jones**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **white** 6. (a)  Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **late Green Jones** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **March 17 1857**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **X**

12. Name **? Arnold**

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

14. Maiden name **unknown**

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

16. (a) Informant **Maud Jones**

(b) Address **2311a North Market Str**

17. (a) **Burial** (b) Date thereof **Dec. 11, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hematite**

18. (a) Signature of funeral director **Henry Widner and Co**

(b) Address **2223 St. Louis Ave.**

19. (a) **DEC 10 1941** (b) **J. F. Bredenk**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**,  
year **1941** hour **8:50** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **December 7**, 19 **41** to **December 8**, 19 **41**;

that I last saw h. **or** alive on **December 8**, 19 **41** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **95**

Of autopsy **1**

Duration

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? \_\_\_\_\_

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

23. Signature **L. J. McEligh** (M. D.)  
Address **1515 Lafayette Avenue** Date signed **12/9/41**

**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 P. Buehler*

Licensed Embalmer No. *1674*

P. O. Address *2323 St Louis, Pa*

**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.**