

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1005

452
279
State File No.
Registrar's No.

FILED FEB 24 1942 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1381 Montclair
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EARL G. JONES

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased June 24 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Steelville (City, town, or county) MO. (State or foreign country)

10. Usual occupation Guard

11. Industry or business Ordinance Dept.

12. Name Thomas Jones

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

14. Maiden name Florence Kendrick

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

16. (a) Informant Alice Jones

(b) Address 1381 Montclair St. Louis, Mo.

17. (a) Burial (b) Date thereof 1-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Blumhard

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) JAN 10 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1942 hour 1 minute 55 P.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

Immediate cause of death Myocardial Infarction
Due to Coronary Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 770

Major findings: Of operations _____

Of autopsy Pending

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 Thomas J. Callaway (M. D. or other) _____

Address Deputy Coroner Date signed 1/10/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Oscar H. Mueller

Licensed Embalmer No. 3039

P. O. Address. 850 K Woodburn Rd
Overland 2

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.