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S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8772

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2405

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 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000 17 9

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

(d) Street No. 2204 a South Third St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Edgar Jones

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-7727

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Tillie

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April (Month) 30 (Day) 1900 (Year)

8. AGE: Years 41 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Pittsburg Plate Glass Co.

FATHER
12. Name Chas. F. Jones
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Dieckmann
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tillie Jones

(b) Address 2204a South Third St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hacker-Heldrile Und. & L. Co.

(b) Address 3634 Gravois Ave.

19. (a) MAR 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16, year 1942 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from March 14, 1942 to March 16, 1942; that I last saw him alive on March 16, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma Paroxysmal tachycardia (auricular)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Drew M. Petersen (M. D. or other)

Address 1515 Lafayette Ave. Date signed 3/16/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.