

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8775
State File No. 3029
Registrar's No.

FILED APR 17 1942 91
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4178 Botanical Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. Unknown
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. 4178 Botanical Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME. Sarah Blanche Jones
3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. McDade Jones
6. (c) Age of husband or wife if alive. 68 years
7. Birth date of deceased. May 1 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>1</u>hr.min.

9. Birthplace. Marysville Kentucky
(City, town, or county) (State or foreign country)
Home

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name. Elyah Taylor
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Nancy Ann Preston
(City, town, or county) (State or foreign country)
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. McDade Jones
(b) Address. 4178 Botanical Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4/4/42
(Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Cemetery

18. (a) Signature of funeral director. J. F. Brede

(b) Address. 3634 Gravois Ave.

19. (a) APR 4 1942 (b) J. F. Brede
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 9-26 to 4-2 1942
that I last saw her alive on 4-2-42 and that death occurred on the date and hour stated above.

Immediate cause of death. Chr. Myocarditis
arteriosclerosis

Due to Diabetes Mellitus.

Due to 61

Other conditions. 59.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 11

23. Signature. J. F. Brede (M. D. or other) M.D.
Address. 58199 Osburn Date signed. 4-3-42

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

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis, Mo.

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.