

FILED JUL 18 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
1811 Longfellow Blvd
(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)

3. (a) PRINT FULL NAME William Thomas 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 Fannie Jones 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 21 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>11</u>	<u>8</u>	hr. min.

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

10. Usual occupation Retired Superintendent

11. Industry or business U.S. Government

12. Name William Jones

13. Birthplace England 4
(State or foreign country)

14. Maiden name Clara Rappley
(State or foreign country)

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

16. (a) Informant Fannie Jones

(b) Address 1811 Longfellow Blvd

17. (a) Cremation (b) Date thereof July 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUL 1 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 017

(d) Street No. 1811 Longfellow Blvd
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day June 1942
year 1942 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from 1936
to June 29 1942
that I last saw him alive on June 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 8 yrs

Due to 98%
Due to 100%

Other conditions arterial hypertension 8 yrs
(Include pregnancy within 3 months of death)

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

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? 0 (Specify type of place) Means of injury.....
23. Signature E. M. Atkins (M. D. or other) M.D.
Address 2017 Lafayette Date signed 6-30-42

Dr. Gilliland
Mo. Theatrical Bd. of
No 1997

Jeffersonville Mo

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 *Frank J. Owens*

Licensed Embalmer No. *2245*

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.