

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25955

FILED SEP 4 1942

State File No. 7248

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3105 Rutger St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 918
(If outside city or town limits, write "RURAL")
(d) Street No. 3105 Rutger Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jasper Jones

3. (b) If veteran, name war X 3. (c) Social Security No. 492-07-1672

4. Sex Male 2 5. Color or race col 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Mamie Lee 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Dec 4th 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Boliver Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Caton Jones

13. Birthplace Boliver Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Octavia Duke

15. Birthplace unk Ga 1
(City, town, or county) (State or foreign country)

16. (a) Informant Orange Lee Jones

(b) Address 3105 Rutger St

17. (a) Burial (b) Date thereof 8-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 3133 Bell Ave

19. (a) AUG 9 1942 (b) J. F. Rudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Hypertrophy
Cystic Degeneration of Kidneys

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy Pathology

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 Thomas F. Callaway (M.D. or other)
Address Deputy Coroner Date signed 8/27/42

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

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844 (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 *S J Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Charlotte*

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.