V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35536

Registrar's No. 9523

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: ALEXIAN BROTHERS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WKS. (Specify whether
In this community 42 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1940 CASS AVE.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ANTHONY JONES

3. (b) If veteran, name war —

3. (c) Social Security No. 494-10-6266

4. Sex MALE

5. Color or Race WHITE

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

6. (b) Name of husband or wife IDA JONES

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JAN. (Month) 25 (Day), 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	9	19	hr. min.

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

10. Usual occupation TRUCK DRIVER

11. Industry or business EXPRESS

FATHER
12. Name JOHN JONES
13. Birthplace (City, town, or county) POLAND 4 (State or foreign country)

MOTHER
14. Maiden name MATHIDA LORKOWSKI
15. Birthplace (City, town, or county) POLAND 4 (State or foreign country)

16. (a) Informant IDA JONES (WIFE)

(b) Address 1940 CASS AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/17/42 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director B. Kosakowski

(b) Address 2205 St. Louis Ave

19. (a) NOV 15 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1942 hour 2 30 minute P M.

21. I hereby certify that I attended the deceased from Oct. 30, 19__, to Nov. 13, 1942 that I last saw him alive on Nov 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Portal Cirrhosis

Due to Myocarditis Toxic

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J Hayden (M. D. or other) MD

Address 5899 Delmar Date signed 11/14/42

(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. 2971

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.