S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

38911

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10533

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: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community about 20 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 26

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

(d) Street No. 3118 N. 19th. St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Louis Jones

3. (b) If veteran, name war none

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Naomi Jones

6. (c) Age of husband or wife if alive 29 yrs years

7. Birth date of deceased March (Month) 18th. (Day) 1906 (Year)

8. AGE: Years 36 | Months 8 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace Grandin, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation U. S. Post Office

11. Industry or business

FATHER
12. Name John L. Jones
13. Birthplace Iron County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Martha Armes
15. Birthplace Washington (City, town, or county) Indiana 1 (State or foreign country)

Con by aff 1-2-43 N. State

16. (a) Informant Mrs. Maomi Jones
(b) Address 3118 N. 19th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1942, to Dec 15, 1942;
that I last saw him alive on December 15, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic empyema with post-operative shock

Due to Pneumonia
Deceased suffered

Due to an attack of Broncopneumonia many years ago.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic empyema
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

11 Da

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 F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 12-15-42

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County St. Louis, }

State File No.
Local Registrar's No. 10533

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of December, 1942 before me appears Mrs. Naomi Jones, who, upon her oath, states that the original record of ~~birth~~ death for James Louis Jones, died ~~born~~ December 15th, 1942, in the State of Missouri, and which was filed at St. Louis, Mo. on Dec. 17, 1942 should be corrected as follows:

Item No. 1-d should read about 20 years
Instead of 30 years

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Naomi Jones - Wife
Relationship.

3118 N. 19th St
Present Address.

Subscribed and sworn to before me this 30 day of December, 1942

My Commission expires My Commission Expires March 4, 1942

Bern C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820

S-38911