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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1943 318

Registration District No.

Primary Registration District No. 100

Registrar's No. 2058

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 91
(d) Street No. 8013 Virginia ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Perry McDonald Jones

MEDICAL CERTIFICATION

3. (b) If veteran, name war None (c) Social Security No. 493-03-6189

20. DATE OF DEATH: Month February day 27, year 1943 hour 7:40 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Jones 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 18 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 9, 1943, to February 27, 1943 that I last saw him alive on February 27, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 8 Days 9 If less than one day hr. min.

Immediate cause of death
Thrombosis left ventricle
strict artery
Due to 108

9. Birthplace Iron Mountain Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Lobar pneumonia. ? brain abscess

10. Usual occupation Fireman

Major findings
Of operations None
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name Thomas Jones
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Carter
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Jones
(b) Address 8013 Virginia ave.

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?

17. (a) Burial (b) Date thereof March 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cometary

18. (a) Signature of funeral director C. Hoffmeister U.A.L.co.

(b) Address 7814 S. Broadway

While at work (Specify type of place) (e) Means of injury
Signature Lowell B. Pusestman, M.D. (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 3/21/43

19. (a) MAR 3 1943 (b) J. F. Bredecka
(Date received local registrar) (Registrar's signature)

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.....

Linn C. Hoffmeister....., Registered Apprentice No.
working under my personal supervision.

Signed *L. C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

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.