

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

FILED MAY 3 1948 318

Registration District No.

Primary Registration District No.

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:  
1413 Sullivan Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 40 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri. (b) County.....  
(c) City or town..... St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 1413 Sullivan Ave. (If rural, give location)  
(e) Citizen of foreign country?..... J (Yes or No)  
If yes, name country.....

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3. (a) PRINT FULL NAME John L. Jones.

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-10-4491

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Martha Jane Jones 6. (c) Age of husband or wife if alive..... 68 years

7. Birth date of deceased..... November 27 1872.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 4 27 ..... hr. .... min.

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

10. Usual occupation..... Night Watchman

11. Industry or business.....

12. Name..... Henry. H. Jones

13. Birthplace..... Unknown. (City, town, or county) (State or foreign country)

14. Maiden name..... Unknown.

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

16. (a) Informant..... Martha Jones.

(b) Address..... 1413 Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 4-26-48 (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) APR 26 1948 (Date received local registrar) J. F. Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 6 A.M. minute..... M.

21. I hereby certify that I attended the deceased from..... April 23 1943 to..... April 24 1943 that I last saw him alive on..... April 24 1943; and that death occurred on the date and hour stated above.

Immediate cause of death..... Angina pectoris

Due to..... chronic myocarditis

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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..... J. C. Cresie (M. D. or other) MD  
Address..... 2504 N. 14th St. Date signed 4-26-48

Duration

1 day

Underlying

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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. Buschholz*

Licensed Embalmer No.....

*1674*

P. O. Address.....

*2223 Soham Ave.*

**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.**