

FILED JUN 14 1943  
Registration District No. 348

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Masonic Home of Missouri 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs - 1 Mo.  
(Specify whether years, months or days)

In this community 4 yrs - 1 mo.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5351 Delmar Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Agnes Bowman Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Sidney M. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 26, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Grover, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Richard Taylor

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Baker

15. Birthplace Harrisburg, Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ina Hirsch

(b) Address 5351 Delmar Blvd

17. (a) Burial (b) Date thereof 6-4-43  
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Prob. Mt. Bethel Methodist Church

18. (a) Signature of funeral director: Alexander J. Jones

(b) Address 6175 Delmar Blvd

19. (a) JUN 2 1943 J. P. Breeseck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1943 hour 9.45 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1939 19 \_\_\_\_\_ to June 1, 1943 19 \_\_\_\_\_; that I last saw her alive on June 1, 1943 19 \_\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 1 day.

Due to Chronic Myocarditis 2 yrs.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Henry Tamagno (M. D. or other) \_\_\_\_\_

Address 508 N. Grand Blvd Date signed 6-1-43

Duration  
1 day.  
2 yrs.  
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 Joe McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Pellmar  
St Louis

**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.