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DM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19736  
State File No. \_\_\_\_\_  
Registrar's No. **5854**

**FILED JUL 19 1943 318**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

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: **Mo. Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 hours**  
(Specify whether \_\_\_\_\_)  
In this community **Birth**  
years, months or days)

3. (a) PRINT FULL NAME **David A. Jones**

3. (b) If veteran, name war **World** 3. (c) Social Security No. **497-01-3547**

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

6. (b) Name of husband or wife **Berenice A. Jones nee Vaughn** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **August 26, 1895**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **9** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman (Electrician)**

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

MOTHER FATHER

12. Name **Arthur H. Jones**

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

14. Maiden name **Elizabeth Jones (same maiden name)**

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

16. (a) Informant **Mrs. Berenice A. Jones**

(b) Address **3811 Oakridge Arbor Terrace**

17. (a) **Burial** (b) Date thereof **6/28/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **JUN 27 1943** (b) **J. J. Bredeck**  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Arbor Terrace**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3811 Oakridge**  
(If rural, give location) **NR.**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25th**  
year **1943** hour **6:15 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **April 10**, 19**43**, to **June 25**, 19**43**  
that I last saw him alive on **June 24**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Coronary Thrombosis** 7 days  
Due to \_\_\_\_\_  
**9/4**  
Due to \_\_\_\_\_  
Other conditions **Coronary Heart Disease** 7 years  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature **J. J. Bredeck** (M. D. or other) \_\_\_\_\_  
Address **Mo. No. Taylor** Date signed **6/26/43**

JUL-8-1943

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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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address 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.