V. S. No. 2
00M—2-43
Rev. 5-
FILED JUL 24 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6509

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 das. (Specify whether
In this community 42years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 11

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1222a N. Sarah
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MELVIN JONES

3. (b) If veteran, name war -

3. (c) Social Security No. NONE

4. Sex male

5. Color or race negro 2

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

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

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

7. Birth date of deceased October (Month) 6 (Day) 1901 (Year)

8. AGE: Years ~~40~~ 41 Months 9 Days ~~6~~ 7 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Paper Hanger

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thelma A. Dingler
(b) Address 5300 Arsenal SX

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J W Hughes
(b) Address 2620 Lawton Blvd

19. (a) JUL 19 1943 (Date received local registrar) (b) J T Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from June, 21, 1943, to July 13, 1943
that I last saw him alive on July 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 2 days

Due to Cont. General Paresis 6-21-43x

Due to

Other conditions (Include pregnancy within 3 months of death) 30

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Moore (M. D. or other) M.D.

Address 5300 Arsenal Date signed 7-14-43

(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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed. [illegible]

Licensed Embalmer No. 3371 F

P. O. Address. 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.