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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
 SEP 4 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1958

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Velda Village Hills
 (c) Name of hospital or institution:
6724 Myron Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Birth (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Alma J. Jones

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John V. Jones 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 11, 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 17 hr. min.

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

10. Usual occupation At home

11. Industry or business William H. Goshen

12. Name William H. Goshen
 13. Birthplace St. Charles Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Louise Osthoff
 15. Birthplace Unknown Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant John V. Jones

(b) Address 6724 Myron Ave

17. (a) Burial (b) Date thereof 8/31/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) AUG 30 1943 (b) [Signature]
 (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Velda Village Hills
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6724 Myron Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
 year 1943 hour 9:30 AM minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration

Due to Auriculo-ventricular block.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95a

Major findings: Of operations _____

Of autopsy Yes. PHYSICIAN

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 Louis H. [Signature] (M. D. or other)

Address Kirkwood, Mo. 8-30-43 Date signed _____

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

MOTHER, FATHER

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.