

FILED DEC 13 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10634

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
5616 S. Compton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Nell Jones

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ott Jones 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 4 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 28
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Bayless Headrick
13. Birthplace Bollinger County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eloa Gregory
15. Birthplace Bollinger County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Flier
(b) Address 5616 S. Compton Ave.

17. (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 3 1943 (b) J.F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1943, hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 4-25, 1941 to 11-16, 1943
that I last saw him alive on 11-16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Hypertension
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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)

23. Signature J.F. Beedeck (M. D. or other) 4065-50
Address

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

JAN 2 01944

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 Agnoski*
Licensed Embalmer No. *3398*
P. O. Address.....

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.