

FILED JAN 12 1944  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12068**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution St. Louis Children's Hospital  
(If not in hospital or institution, write number or location)  
(d) Length of stay: In hospital or institution 4 wk  
In this community 4 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison  
(c) City or town Granite City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2042 Park  
(If rural, give location) N.R.  
(e) Citizen of foreign country? No  
If yes, name country U.S.

3. (a) PRINT FULL NAME JONES, DAVID EDWARD, JR

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased APRIL 29 - 1942  
(Month) (Day) (Year)

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

9. Birthplace Granite City Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

MOTHER FATHER { 12. Name DAVID - EDWARD  
13. Birthplace Granite City Ill  
14. Maiden name William Parsons  
15. Birthplace PARSONS KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant DAVID Jones  
(b) Address 2042 Park St  
17. (a) Removal Removal (b) Date thereof Jan 3 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Granite City Ill

18. (a) Signature of funeral director Charles Metzger  
(b) Address 1416 Pine Granite City Ill

19. (a) DEC 31 1943 (b) J. G. Brudick  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31  
year 43 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12 - 4  
1943 to 12 - 31 - 1943  
that I last saw him alive on 12 - 31 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia  
meningitis Duration 4 Wks.

Due to AI  
Due to AI  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AI  
Of autopsy AI

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) AI  
(b) Date of occurrence AI  
(c) Where did injury occur? (City or town) (County) (State) AI  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? AI

While at work? (Specify type of place) (c) Means of injury AI

23. Signature J. G. Brudick (M. D. or other) AI  
Address AI Date signed 12-31-43

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

**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 Chas E. Mercer

Licensed Embalmer No. 2988

P. O. Address. Granite City Pa

**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.**