

**FILED MAR 1 1944**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1653**

**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:  
**Missouri Baptist Hospital**  
(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)

**3. (a) PRINT FULL NAME** **William H. Jones**

**3. (b) If veteran,** name war..... **3. (c) Social Security No.** **494-05-3908**

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

**6. (b) Name of husband or wife** **Edna Jones** **6. (c) Age of husband or wife if** **alive 42** **years**

**7. Birth date of deceased** **Aug.** **2nd.** **1895**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	6	14	hr. min.

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

**10. Usual occupation** **Grocer**

**11. Industry or business** **Grocery**

**12. Name** **Mina B. L. Jones**

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

**14. Maiden name** **Caroyline Legate**

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

**16. (a) Informant** **Edna Jones**  
**(b) Address** **4822 Highland Ave.**

**17. (a) Burial** **(b) Date thereof 2-19-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Oak Grove Cemetery**

**18. (a) Signature of funeral director** **Provost Und. Co.**  
**(b) Address** **3710 N. Grand Bl.**

**19. (a) FEB 19 1944** **(b) J. F. Budeck**  
(Date recorded on file) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4822 Highland Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feby.** day **16th.**  
 year **1944** hour **10.05** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **Jan. 15**, 19**44**, to **Febry. 16**, 19**44**  
 that I last saw h. **im** alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **Rephritis** **myocarditis** **Influenza**

Due to.....

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

**Duration**

**1 mo**

**3 days**

**2 wks**

**PHYSICIAN**

Major findings:  
 Of operations.....

Of autopsy **yes**

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** **J. F. Budeck** (M. D. or other).....  
 Address **1506 Hodiamontar** Date signed **2-18-44**

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

MOTHER FATHER

Ch. Poe  
15067 Hadriament  
3-4

**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 Robert L. Binkman  
.....  
Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl.

**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.**