

U.S. No. 2
DM-543
Rev. 5-17-39
I X36671

State File No. 8287
Registrar's No. 569

FILED MAR 11 1944

Registration District No. 317

Primary Registration District No. 4467

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None, / Vance Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. Vance Road
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Ferdinand Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-3-1944
to 19 to 19

that I last saw him alive on Feb 3- 1944
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. 2 1880
(Month) (Day) (Year)

Immediate cause of death Cornary Throat

Due to.....

Due to.....

Other conditions Rodney Infilt (Pun) 9 years
(Include pregnancy within 3 months of death)

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

64 hr. min.

9. Birthplace Franklin Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School Custodian

PHYSICIAN

Major findings:
Of operations.....

Of autopsy Gyfa

Underline the cause to which death should be charged statistically.

11. Industry or business Valley Park Public School

MOTHER FATHER

12. Name Jack Jones

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Amanda Jones

(b) Address 24 Vance Rd. Valley Park, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Mar. 6-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Burns Cem. Near Eureka, Mo.

While at work?.....

(e) Means of injury 0

23. Signature G. P. Cusick & D (M. D. or other)
Address Talk Park Mo Date signed 3-4-44

18. (a) Signature of funeral director Schrader Funeral Home
(Specify type of place)

(b) Address Baldwin, Mo.

19. (a) MAR 7 - 1944
(Date received local registrar)

(b) E. S. Mc Lauran, M.D.
(Registrar's signature)

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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 Harry F. Schrader
Licensed Embalmer No. 2091
P. O. Address: Ballwin 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.