S. No. 2
M—1-4-41
v. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38796

FILED DEC 32 1944

Registration District No. 32 Primary Registration District No. 3070 Registrar's No. 2371

96 9 4

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

1. PLACE OF DEATH
(a) County St Louis Co.
(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 458 N. Kirkham Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis Co.
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 209 S. Geyer Rd (If rural, give location)
(e) Citizen of foreign country? USA (Yes or No) If yes, name country 1

3. (a) PRINT FULL NAME OLIVIA ANN JONES
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 29 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
67	3	25	hr. min.

9. Birthplace Princeton (City, town, or county) Ky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Burrel Ford
13. Birthplace ? (City, town, or county) ? (State or foreign country)
14. Maiden name Charlotte Hicks
15. Birthplace ? (City, town, or county) ? (State or foreign country)
16. (a) Informant James Ely Mason
(b) Address 209 S. Geyer Rd
17. (a) Shipley R.C. (Burial, cremation, or removal) (b) Date thereof 12/2nd/44 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton Ky
18. (a) Signature of funeral director John H. Hestpill
(b) Address 408 S. Kirkwood Rd Kirkwood, Mo.
19. (a) DEC 1 1944 (Date received local registrar) (b) E. H. McGavran (Registrar's signature) Corp

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1944 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from 10-20 1941 to 11-26 1944; that I last saw h.e.y. alive on 11-25 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	few days
Cardiac Failure	7 days
Last illness	
Due to Cardio-vascular hypertension	years
Due to Chronic myocarditis and arterio-sclerosis	years
Other conditions Multiple chronic arthritis (Include pregnancy within 3 months of death)	years
Major findings: Of operations	
Of autopsy 9 7h	

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)
(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

M.D. Signature E. B. Waters (M. D. or other)
Address Kirkwood Mo Date signed 11-27-44

707 (Licensed Embalmer's Statement on Reverse Side)

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.....

.....Myself....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2266.

P. O. Address 2812 Thomas St Louis

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.