

FILED FEB 7 1945

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
 Missouri
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 5006 Northland Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Mo
 (a) State Mo (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5006 Northland Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Agnes E. Jones
 (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White /
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Walter W. Jones
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased September 7 1888
 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 19
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Alexander C. Bonner
 13. Birthplace Baltimore Maryland
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Scanlon
 15. Birthplace Louisville Ky.
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Jones
 (b) Address 5006 Northland Ave.

17. (a) Burial (b) Date thereof 1/29/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director J. F. Brudek

19. (a) Address JAN 27 1945 (b) J. F. Brudek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 26
 year 1945 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1/26 1945 to 1/26 1945
 that I last saw him alive on 1/26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Rectum
 Duration: 4 YRS.

Due to: 4/6
 Due to:
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca. of Rectum
 Of operations
 Of autopsy
 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?

While at work? (Specify type of place)
 23. Signature: J. F. Brudek (M.D. or other)
 Address: 2027 No. Ruppberg Way Date signed: 1/27/45

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

MOTHER FATHER

JAN 27 1945

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..... *Mark L. Lerman*

Licensed Embalmer No. *4124*

P. O. Address *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.