

FILED FEB 13 1945

Primary Registration District No. 6076

Registrar's No. 362

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

1. PLACE OF DEATH:

(a) County St Louis
Koch

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

(c) Name of hospital or institution Robert Koch
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 32149 Reckler 9
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Edward Jones

3. (b) If veteran, name war 709-09-9051

3. (c) Social Security No. yes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 45 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-30
1945 to 2-3-1945
that I last saw him alive on 2-3-1945
and that death occurred on the date and hour stated above.

4. Sex m 2. Color or race n

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

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

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased: (Month) 11 (Day) 9 (Year) 1877

Immediate cause of death Pulmonary Tuberculosis 2 months?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation nil

PHYSICIAN

Major findings: Of operations 13-1

Of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name James Jones

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

14. Maiden name Andy Ann Pettig ? ? (City, town, or county) (State or foreign country)

15. Birthplace

16. (a) Informant Hospital Records

(b) Address Robert Koch Hosp, Koch, Mo

17. (a) Burial (b) Date thereof 2-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (c) Signature of funeral director M. S. Howe

(b) Address 2930 Dickson St

19. (a) 2/8/45 (b) C. Y. Mathuram (M)
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury

Signature Bernard Friedman (M. D. or other) D. M.D.

Address Koch Hosp, Koch, Mo Date signed 2/3/45

MAR. 2 1945

SEP 25 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 *Clark Young*

Licensed Embalmer No. *3377*

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.