

FILED JAN 11 1946
318

State File No. _____
Registrar's No. 11460

Registration District No. _____
Primary Registration District No. _____
1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home for the Aged, 43400 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community _____ years, months or days)

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. 3400 S. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE JONES.
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 27th
year 1945 hour 4 minute 30 A.M.

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

21. I hereby certify that I attended the deceased from June 1945 to Dec 27, 1945
that I last saw him alive on Dec 26, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 3 Days 22
If less than one day hr. _____ min. _____

Immediate cause of death: Cardiovascular
Renal disease
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 1/31
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation At home

MOTHER FATHER { 11. Industry or business _____
12. Name Patrick Coghlan
13. Birthplace Dont know
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Juliet Jones
(b) Address 1615 S. Grand Blvd.

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? _____

17. (a) Burial (b) Date thereof 12/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul Cem

18. (a) Signature of funeral director Gebken-Benz
(b) Address 2842 Meramec Street.

While at work _____ (Specify type of place) (Specify means of injury)
23. Signature J. F. Brudeak (Registrar's signature)
Address 607 1/2 Grand Date signed 12/27/45

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

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 Loren E. Percy

Licensed Embalmer No. 4094
2842 Meramec St.,
P. O. Address St. Louis, 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.