. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39341

Primary Registration District No. 1003

Registrar's No. 11017

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Park Lane 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair

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

(d) Street No. 9818 West Main st.
(If rural, give location) NR.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME ROBERT E JONES.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pearl A Jones

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

7. Birth date of deceased April (Month) 18th (Day), 1870 (Year)

8. AGE: Years 75 | Months 7 | Days 28 | If less than one day hr. min.

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

10. Usual occupation Retired RR man

11. Industry or business Railroad

FATHER
12. Name Milton Jones
13. Birthplace Unknown (City, town, or county) Wales (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant P. B. Jones Jr.
(b) Address 5724 Warren Ave E. St. Louis

17. (a) Dec. 19th, 1945 (Burial, cremation, or removal) (b) Date thereof Dec. 19 (Month) (Day) (Year)

(c) Place: burial or cremation Cuba Mo.

18. (a) Signature of funeral director H. W. Niederfeld
(b) Address East St. Louis Ill.

19. (a) DEC 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 45 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12
10, 1945 to 12-16, 1945;
that I last saw him alive on 12-16-45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolism	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 4930 Lindell Blvd St. Louis, Mo Date signed 12/17/45

(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~~.....

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

working under my personal supervision.

Signed.....Ben H Baldwin.....

Licensed Embalmer No.....2426.....

P. O. Address.....E. St. Louis, Ill.....

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.