

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7605**
Registrar's No. **1934**

FILED MAR 31 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(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: Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles F. Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D

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

7. Birth date of deceased: May 18 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 3 If less than one day " _____ hr. _____ min.

9. Birthplace: _____ MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Jones

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

14. Maiden name Margaret Easton

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen McPherson

(b) Address 896 1/2 Burkton Ave.

17. (a) Burial (b) Date thereof Feb 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director L. B. Bopp Jr

(b) Address 2418 1/2 Pine

19. (a) FEB 27 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. 22 Mercedes Station Rd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 21, 1946
year 1946 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from January 1, 1946, to February 21, 1946;
that I last saw him alive on 2-21-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial nephritis
Myo. Card. Dis.
Fatty degenerative heart muscle

Due to _____

Due to 131 a

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. J. Bredeck (Date) 4/23/46
(Address) 4930 Lindbergh Blvd (Date signed) 4/23/46

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..... *Felix Husard*

Licensed Embalmer No..... *3034*

P. O. Address..... *Rutwood 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.