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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25406

FILED JUL 26 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6202

1. PLACE OF DEATH:

(a) County ST LOUIS, MO.  
(b) City or town ST LOUIS, MO.  
(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL  
(d) Length of stay: In hospital or institution 2 Weeks  
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
(c) City or town St. Louis 2/17  
(d) Street No. 2003 Franklin Ave. 9  
(e) Citizen of foreign country? 0  
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. JONES

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased June 30, 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Owner Barber Shop

11. Industry or business

12. Name John A. Jones

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. Viola Gane

(b) Address Coronado Beach Fla.

17. (a) Burial (b) Date thereof 7-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany's Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly (b) Address 3840 Lindely Blvd.

19. (a) JUL 15 1946 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1946 hour 2:05 minute P M.

21. I hereby certify that I attended the deceased from 6/25/46 to 7/12/46 that I last saw him alive on 7/12/46 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Acute Inflammation of polyarthrititis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration  
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) (Specify type of injury)

23. Signature Robert E. K... 1515 Lafayette 7/12/46 (Date signed)

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

MOTHER FATHER

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**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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4840 Lafayette

**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.**