S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25699

Registration District No. FILED AUG 4 1948 Primary Registration District No. 1003 Registrar's No. 6902

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 Barnes 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)

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. 3860A PARK AV. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Jones, William C.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race N

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

6. (b) Name of husband or wife GRACE V. JONES

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

7. Birth date of deceased OCT. (Month) 30 (Day) 1882 (Year)

8. AGE: Years 64 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER

12. Name THOMAS JONES

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

14. Maiden name ANNA UNKNOWN

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

16. (a) Informant Mrs. Grace V. Jones

(b) Address 3860a Park Av

17. (a) BURIAL (Burial, ~~cremation~~, or removal) (b) Date thereof JULY 26/47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Memorial Pk. Cem

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av

19. (a) JUL 24 1947 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1947 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 28, 1947 to July 24 1947; that I last saw h.i.m. alive on July 24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy As above

PHYSICIAN — Underline the cause of 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 F. A. Bradley (M. D. or ~~other~~)

Address Date signed 7/24/47

Jefferson City Printing Co. (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 Jas. B. Wollmer

Licensed Embalmer No. 4014

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.