

S. No. 2  
M-5-43  
5-17-39  
I X3667

FILED JAN 30 1948 **318**

Registration District No. .... Primary Registration District No. **1003**

Registrar's No. **544**

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Floyd Stanley Jones  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 338-20-2622

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Elizabeth Robinson  
 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased March 10 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 8 hr. min.

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

10. Usual occupation Salesman  
Tool Mfg. Co.

11. Industry or business  
 12. Name Samuel Jones  
 13. Birthplace Ashley Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace Ashley Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Elizabeth Jones  
 (b) Address 1300 Hebert St.

17. (a) Burial (b) Date thereof 1-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Cullinane Bros.  
 (b) Address 3320 N. Kingshighway Blvd.

19. (a) JAN 19 1948 (b) J. J. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1300 Hebert St. 9  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18  
 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke  
Personnel self administered  
at his home 1302 Hebert St  
on Jan 18, 1948 at about 2:30 PM

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 (suicide)  
 (b) Date of occurrence Jan 18, 1948  
 (c) Where did injury occur? at home  
(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) (d) Means of injury stroke  
 23. Signature Patrick E. Taylor (M.D. or other) 2  
 Address Deputy Coroner Date signed 1-19-48

**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 *Fred Frick*

Licensed Embalmer No. 3186

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.**