No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10328

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2923

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 Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Marion
(c) City or town Patoka
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARNA THRESSA JONES
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 18 (Day) 1948 (Year)
8. AGE: Years — Months — Days 6 — If less than one day hr. min.
9. Birthplace Centralia (City, town, or county) Ill (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Darwin Jones
13. Birthplace Patoka (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name Susan Robertson
15. Birthplace Petersburg (City, town, or county) Ind (State or foreign country)
16. (a) Informant Darwin Jones
(b) Address Patoka, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Patoka Cemetery
18. (a) Signature of funeral director Hean Martin
(b) Address Sandoval Ill.
19. (a) MAR 25 1948 (Date received for record) (b) J. F. Bredrick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24 year 1948 hour 9.55 minute A.M.
21. I hereby certify that I attended the deceased from March 22, 1948, to March 24, 1948, that I last saw her alive on March 24, 1948, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Trachea - Esophageal Fistula, Post-operative
Due to Massive atelectasis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Gilbert B. Forbes (M. D. or other)
Address Children's Hospital Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.