S. No. 2
M—1/47
6-17-39

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. 10983

FILED APR 14 1948

Registration District No. 47

Primary Registration District No. 3070

Registrar's No. 930

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence-144 Kenilworth Avenue
(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 Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 144 Kenilworth Avenue 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country .....

3. (a) PRINT FULL NAME ALFRED WALKER JONES

3. (b) If veteran, name war None

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sarah B. Jones

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

7. Birth date of deceased May (Month) 17 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	23	..... hr. ..... min.

9. Birthplace Wood Bridge (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation secretary & treasurer

11. Industry or business Tuberculosis & Health Society of St. Louis

FATHER
12. Name Alfred W. Jones
13. Birthplace Richmond (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Julia Lawrence
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Sarah B. Jones
(b) Address 144 Kenilworth Ave., Webster Groves

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) 4-12-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1948 hour 9 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Sept 20, 1947 to 4/10, 1948 that I last saw him alive on April 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral accident	
Due to arteriosclerosis	
Due to 83	
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 Cyril M. McBride (M.D. or other)
Address 3720 WASHINGTON Date signed 4/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

[redacted] M-1 Nyde
3720 Washington
GE 8700

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 Not Embalmed: ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.