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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED JUL 6 1948
Registration District No. 367

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21549
Registrar's No. 1414

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grand Ave. & Kirkwood Rd. 1
(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 Kirkwood 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 502 Edna Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Udell L. Jones

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ethel Mae 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov. 17 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 18 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic (auto)

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Porter Jones

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Fillie Spann

15. Birthplace Venice Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Mae Jones

(b) Address 502 Edna Ave. Kirkwood, Mo.

17. (a) Burial (b) Date thereof 6/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer-Pfizinger Fun. Dir. Inc.

(b) Address Kirkwood, Missouri

19. (a) 6-8-48 (b) Beulah Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour 3:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from 6-5 1948
to 6-5 1948
that I last saw him alive on 6/4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation 1 day
Due to Chronic myocarditis 5 yrs.

Due to 93 d

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 (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? _____

23. Signature A. H. Leslie (M. D. or other) MD
Address Kirkwood, Mo. Date signed 6/5/48

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

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 Apprenfice No.....
working under my personal supervision.

Signed *W. H. Fitzgerald*
Licensed Embalmer No. *4316*
P. O. Address *Richwood, 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.