FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 5-7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25018

Primary Registration District No. 6076

Registrar's No. 1836

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Penn Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: University City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 8539-Orchard Ave. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Jennie Jones

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: William Edward

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

7. Birth date of deceased: Jan. (Month) 29 (Day) 1865 (Year)

8. AGE: Years 83 | Months 6 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace: Villa Ridge (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Retired Housewife

11. Industry or business:

FATHER
12. Name: William Jones
13. Birthplace: Villa Ridge (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Sarah Jones Gardner
15. Birthplace: Villa Ridge (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Lesa Norton

(b) Address: 8539-Orchard Ave-U.City-5-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Fee Fee Cemetery

18. (a) Signature of funeral director: Baumann Bros Inc

(b) Address: 2504-Woodson Rd-Overland-14-Mo.

19. (a) 7-30-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1948, to July 30, 1948, that I last saw her alive on July 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension Heart disease with decompensation	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pulmonary emphysema; Chr. cholecystitis	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Lewis Litzinger (M. D. or other) MD

Address: 8231 Clayton Rd Date signed: 7/30/48

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.