No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27870
Registrar's No. 6955

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 Enroute City Hospital (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 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 712 a Walton Avenue (If rural, give location) 9
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allan L. Jones
Allan L. Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -----

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

7. Birth date of deceased Sept. 4 (Month) (Day) 1937 (Year)

8. AGE: Years 10 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Rollo, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation JStudenty Jones

11. Industry or business

MOTHER FATHER
12. Name John Lacy Jones
13. Birthplace Yancy Mills, Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Rosetta Luskey
15. Birthplace Yancy Mills, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant John Lacy Jones
(b) Address 712 a Walton Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) AUG 8 - 1948 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1948 hour 11 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 Multiple fractures of skull; Laceration of brain, when he was run over by a truck driven by Carl Lauer in the alley in the rear of 4603 Delmar Boul., around 10:45 A.M. August 6, 1948. — Duration

Due to ACCIDENT.

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 170
Of autopsy 21

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) Accident
(b) Date of occurrence Aug. 6, '48
(c) Where did injury occur? 17 (City or town) 100 (County) St. Louis (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work no (e) Means of injury see above

23. Signature Albert E. Hoppe (M. D. or other)
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Apprentice No._____, working under my personal supervision.

Signed Gustav W Dutule

Licensed Embalmer No. 4329

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.