

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No. 7422

27872

7422

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:
3860 Bates St.
(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)

3. (a) PRINT
FULL NAME

John E. Jones

3. (b) If veteran,
name war _____

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 _____ 6. (c) Age of husband or wife if
Agnes M. alive 65 years
7. Birth date of deceased February 4, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 20 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business _____

12. Name Richard Jones
13. Birthplace Unknown
(town, or county) (State or foreign country)
14. Maiden name Christine Olson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes M. Jones

(b) Address 3860 Bates St.,

17. (a) Burial (b) Date thereof 8/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) AUG 24 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3860 Bates St., 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 4
1948 to July 2, 1948
that I last saw him alive on July 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Melanosarcoma, metastatic Duration
Unknown

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic Melano-
sarcoma, left a illaga
long time that kept Hospital July 2, 1948
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury
AM Boyd M.D.

23. Signature J. M. Kelly M.D. (M. D. or other)
Address 2103 Grand Blvd. Date signed 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Mon

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Loren E. Percy.....
Licensed Embalmer No.....4094.....

P. O. Address.....2842 Meramec St.
St. Louis, 18 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.