

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

FILED AUG 28 1948
Registration District No. 398

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27873
Registrar's No. 12183

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: Homer G. Phillips 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 30 years
years, months or days

3. (a) PRINT

FULL NAME John Westley Jones

3. (b) If veteran, _____

3. (c) Social Security No. _____

4. Sex Male 2
5. Color or race Col.

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

6. (b) Name of husband or wife Australia Jones

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 28, 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 14 If less than one day
hr. _____ min. _____

9. Birthplace Starksville Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pullman Porter

11. Industry or business _____

12. Name Tom Jones
13. Birthplace Starksville Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant Australia Jones

(b) Address 4420 N. Market St.

17. (a) Burial (b) Date thereof 8-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) AUG 16 1948 (b) J. F. Budeck
(Date received local health officer) (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") 9
(d) Street No. 4420 N. Market St.
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1948 hour 3:30 minute 00

21. I hereby certify that I attended the deceased from Aug 1 - 98
Aug - 1 - 1948 to Aug 12 1948
that I last saw him alive on Aug 11 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 2nd KO

Due to _____

Due to _____

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. Edward Bell (M. D. or other) _____
Address 2901 Lechide Ave. St. Louis Date signed 8-17-48

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Fulton E. Calkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13, 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.