

#80015
FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27876
Registrar's No. 7610

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

ROY WILLIAM JONES

3. (b) If veteran,
name war None

3. (c) Social Security No.

4. Sex Male

5. Color or
race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

May 23 1864
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

3

6

hr.

min.

9. Birthplace

Marshall County, Ky.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Carpenter

11. Industry or business

12. Name

William E. Jones

13. Birthplace

Ky.

(State or foreign country)

14. Maiden name

Mary Travis

15. Birthplace

Ky.

(State or foreign country)

16. (a) Informant

William E. Jones

(b) Address

1516 N. Grand Blvd.

17. (a)

Burial

(b) Date thereof

8-31-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park Cemetery

18. (a) Signature of funeral director

Math. Hermann & Son, Inc.

(b) Address

1516 N. Grand Blvd.

19. (a)

AUG 30 1948

(b) J. F. Braddock

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1516 N. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th
year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8/19/48
to Aug. 29th 19 48
that I last saw him alive on Aug. 29th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia and
uræmia

Due to hypertensive cardiac
vascular disease

Due to 93

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) (a) Means of injury
1515 Lafayette (b) 8/30/48

23. Signature 1515 Lafayette Date signed 8/30/48

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

Signed

Harold J. Burnley

Licensed Embalmer No.

4202

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.