No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28496

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)

In this community 17 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1854 So. 9th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JONES, Robert M.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 497 01 4361

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased December (Month) 24 (Day) 1893 (Year)

8. AGE: Years 54 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Circular distributor

11. Industry or business

FATHER 12. Name Charles M. Jones

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mamie Sedler

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l.Cem. Jeff.Bks.Mo.

18. (a) Signature of funeral director Wacker-Helderle U&L Co.,

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 8-11-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from July 13, 1948, to August 9, 1948, that I last saw him alive on August 9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death MESENTERIC THROMBOSIS — Duration

Contributory cause:
ARTERIOSCLEROTIC HEART DISEASE

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autopsy performed
(See cause of death)

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) None

(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? - Means of injury

23. Signature R. H. Goldwater (M. D. or other)

Address VA Hosp. Jeff. Bks. Mo. Date signed 8/9/48

(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 Robert C Wheeler

Licensed Embalmer No. 2128

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.