FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31139

Registrar's No. 8284

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

Via Motor

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: 4660a Easton Ave.
(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 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4660a Easton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Addie Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

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

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

7. Birth date of deceased March (Month) 25, (Day) 1873 (Year)

8. AGE: Years 75 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Rezin Ekey
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wallace
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clarence Jones
(b) Address 4660a Easton Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 22 1948 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1948 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 30th 1948 to Sept 19 1948 that I last saw her alive on Sept 18 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	Unknown
Due to Hypertension	"
Due to Arterio-sclerosis	"
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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? (e) Means of injury

23. Signature James O. Fiehn (M. D. or other) DO

Address 6201 Lotus Ave Date signed 9-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6201 Lotus

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 Albert R. Thompson

Licensed Embalmer No. 42 57

P. O. Address St. Louis

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.