

No. 300  
-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34324

State File No. ....

9058

FILED NOV 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County None  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community Four (4) years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None  
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1320 Bayard Avenue (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th,  
year 1948 hour 11 minute 16 p.m.

21. I hereby certify that I attended the deceased from October 12th,  
1948, to October 15th, 1948  
that I last saw him alive on October 15th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis (old)  
Due to.....

Due to Bronchial Spasm & Atelectasis

Other conditions: 82  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy None performed

Duration

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 10

23. Signature A. M. Townsend (M. D. or other) M.D.  
Address 2602a Franklin Avenue Date signed.....

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

3. (a) PRINT FULL NAME JONES, Sr., William

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arlee 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 7th, 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 8 If less than one day  
hr. min.

9. Birthplace Yazoo Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business

12. Name Unavailable 9

13. Birthplace " (City, town, or county) (State or foreign country)

14. Maiden name " 1

15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant William Jones, Jr.

(b) Address 1320 Bayard Avenue

17. (a) Burial (b) Date thereof 10/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) OCT 19 1948 (b) J. B. Foster  
(Date received local registrar) (Registrar's signature)

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**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.....

**John K. Cunningham**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*John K. Cunningham*

Licensed Embalmer No. **4476**.....

P. O. Address **4107 Finney Avenue**.....

**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.**