

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32394

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>5063</u>		Registrar's No. <u>3089</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Wallerstein Clayton		c. LENGTH OF STAY (in this place) 17		d. STREET ADDRESS (If rural, give location) 5964 Hamilton Terrace	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) HARRY		b. (Middle) NIELD		c. (Last) JONES		d. (Month) (Day) (Year) Sept 23, 1949	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 1, 1894		9. AGE (In years last birthday) 55		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 2 years		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric Co		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John K. Jones		13b. MOTHER'S MAIDEN NAME Jennie Carroll		14. NAME OF HUSBAND OR WIFE Eva Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War I. 333-05-1902		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Jones, 5964 Hamilton Terrace			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cause unknown				week	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				7955	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Herbert K. Bowker</i> (Degree or title)				23b. ADDRESS 651 So. Brentwood Blvd.		23c. DATE SIGNED 9/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 27, 1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 9-26-49		REGISTRAR'S SIGNATURE <i>Herbert K. Bowker</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave			

(Licensed Embalmer's Statement on Reverse Side)

6-A

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Olmo P. Padwell

Licensed Embalmer No. 4077

P. O. Address: _____

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.