

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15924**

Registration District No. **284** Primary Registration District No. **280** Registrar's No. **816**

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

1. PLACE OF DEATH:
(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Admitted 4/8/41**
In this community **Since 4/8/41.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alfred G. Gones**
3. (b) If veteran, name war **World War** 3. (c) Social Security No. **Yes - not remembered**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **Sept. 25, 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **6** Days **18** If less than one day hr. min.

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

10. Usual occupation **Mechanic.**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Gones**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Marcum**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Schullig**
(b) Address **Clinical Clerk, VAF, Jeff. Bks., Mo.**

17. (a) **Removal** (b) Date thereof **4/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hannibal, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **APR 14 1941** (b) **FR Maynard**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **64**
(c) City or town **Hannibal** (If outside city or town limits, write "RURAL") **3**
(d) Street No. **Planters Hotel** (If rural, give location) **4**
(e) If foreign born, how long in U. S. A.? **-** years **1**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **13th**
year **1941** hour **6:30** minute **p.** M.

21. I hereby certify that I attended the deceased from **April 8,** 19 **41** to **April 13,** 19 **41**
that I last saw him alive on **April 13,** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, bronchial, patchy, involving posterior portion of both lungs.**
Due to **both lungs.** Duration **About 6 days.**

Due to **-** **61**

Other conditions **Diabetes mellitus, severe.** Unknown
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **-**
Of operations **-**
Of autopsy **No autopsy.**
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) **NO**

(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? **Yes** (Specify type of place) (e) Means of injury **0**

23. Signature **C. W. HUGHES, M.D.** (M. D. or other) **0**
Address **Chief Medical Officer** Date signed **4/14/41**

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



..... Licensed Embalmer No.

2971

..... 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.