

S. No. 2
 M-542
 v. 5-17-39
 I X32873

35538

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1942

Registrar's No. 9304

Registration District No. 318

Primary Registration District No. 1003

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

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:
Firmin Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo.
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Jones, Etta

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: December 29 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 5
If less than one day hr. min.

9. Birthplace Franklin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Unknown

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant William Edward Jones

(b) Address 3305 Rutger

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11-6-1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Pauland Funeral Home
Westfield 222

(b) NOV 7 1942

19. (a) J. J. Prodeck
(Date received local registrar)

(b) J. J. Prodeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3305 Rutger
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
 year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 12
 1942, to Nov. 4 1942;

that I last saw h.r. alive on Nov. 4 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Duration uncertain

Due to Carcinoma of pancreas probable primary site uncertain

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy Carcinomatosis

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Wm. C. Mac Donald (M. D. or other) C

Address 1375 So. Grand Date signed.....

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Howard P Rowland*

Licensed Embalmer No. *3114*

P. O. Address. *Thomas M*

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.