

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 5835 Etzel 1
(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 Mo (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5835 Etzel
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MINNIE A. JONES
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 13
 year 1942 hour 6:15 minute _____ P. M.
 21. I hereby certify that I attended the deceased from April 1942
 to Nov 13 1942
 that I last saw her alive on Nov. 13, 1942, 19 _____
 and that death occurred on the date and hour stated above.

5. Color Female White 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Newton R. Jones 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased: October 16 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral accident
 Duration Several hours

8. AGE: Years 66 Months - Days 27 If less than one day _____ min.

Due to Arteriosclerosis 9 mo t
Chronic Myocard. Inf. 9 mo t

9. Birthplace Jonestown Illinois
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name L. D. Drisham
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Marion Snyder
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Newton R. Jones
 (b) Address 5835 Etzel
 17. (a) Cremation (b) Date thereof 11 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: Wolcott

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?
(Specify type of place)

18. (a) Signature of funeral director Chas. F. Stuart
 (b) Address 1225 Union Blvd

While at work? _____ (e) Means of injury _____
 23. Signature J. F. Bredeck (M. D. or other) MD
 Address 4270 Delmar Date signed Nov 14

19. (a) NOV 16 1942 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Mr. J. W. Campbell
5427 1/2
Baltimore

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..... *Wilford G. Bernley*
Licensed Embalmer No..... *4202*

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.