

Registration District No. _____ Primary Registration District No. _____

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:
330 Victor St. /
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
177B

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

(d) Street No. 330 Victor St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Carrie Nadine Jones

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ernest Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>9</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business _____

MOTHER FATHER

12. Name Sam Skagge

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

14. Maiden name Hattie Huitt

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

16. (a) Informant Sam Skagge

(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 2/29/44 (b) J. F. Bredeik
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1944 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Fracture of Skull
Subdural Hemorrhage of Brain
Cause and manner of same
could not be ascertained

Due to _____

Due to _____

Other conditions 195
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy _____

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) Open Verdict

(b) Date of occurrence 2-26-44

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Unknown

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other)
Address Deputy Coroner Date signed 2-27-44

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

966T

966T

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 John Ayonowski
Licensed Embalmer No. 3398
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.