

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22413

State File No.

JUN 25 1943

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town Clayton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)  
In this community 20 years

3. (a) PRINT  
FULL NAMEJones, William Newton

## 3. (b) If veteran,

No.

## 3. (c) Social Security

name war

No

487-16-8503

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Separated  
(b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased April 15, 1882  
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| 61      | 61    | 1      | 23   | hr. min.             |

9. Birthplace
- California, Missouri
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Farm hand

11. Industry or business

12. Name Newton Jones  
13. Birthplace California, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Johnson  
15. Birthplace Tipton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Edna Russell

- (b) Address
- 4124 Enright Av.

17. (a)
- Shipped
- (b) Date thereof
- 6-25-43
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- CALIFORNIA MISSOURI

18. (a) Signature of funeral director
- Moses Adams

- (b) Address
- 3849 Windham Place

19. (a)
- 6-24-43
- (b)
- E. H. McRae, M.D.
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis  
(c) City or town Elmwood Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. Leeks Ave. near Roberts  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country /

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- June
- day
- 22
- 
- year
- 1943
- hour
- 2:
- minute
- 11
- P.M.

21. I hereby certify that I attended the deceased from
- 5-29-43
- 
- to
- 6-22-43
- , 19
- 43
- 
- that I last saw him alive on
- 6-22-43
- , 19
- 43
- 
- and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory failure Duration 1 dayDue to Lung Abscess 2 mo  
(Fungus - spirochetes)Due to Pneumonia 1 weekOther conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

While at work (Specify type of place) (e) Means of injury

23. Signature
- Russell Adams
- (M. D. or other)
- 
- Address
- St. Louis Co. (Hosp. Hl)
- Date signed
- 6-22-43

**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: *J. L. Shaw*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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.**