MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 3374

Township ..... Primary Registration District No. 1003 Registered No. 406

City St. Louis, Mo. (No. City Hospital No. 2 ..... St. ..... Ward)

96
30
9

2. FULL NAME Edward Jones

(a) Residence, No. 3521 Market St. St., 21 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1896

7. AGE: YEARS 40 | MONTHS 0 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 231
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

FATHER

13. NAME Frank Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 2

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 1-11- 1937

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 3820 Stoddard St

20. FILED JAN 11 1937 J. F. Brekick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-11- , 1936, to 1-8- , 1937

I last saw him alive on 1-8- , 1937. Death is said to have occurred on the date stated above, at 12:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemofrhage	12-11 36

8 2a 1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2945 Lawton Ave.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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