

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

32533

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No.
 (c) City **St. Louis, Mo.** (d) Street No. **Homer Phillips Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Maggie Jones
 (a) Residence, No. **1007 N. 7th St** St. **25**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** Col. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1892

7. AGE YEARS **45** MONTHS **0** DAYS **27** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maid,
9. Industry or business in which work was done, as saw mill, bank, etc. Garick Hotel
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) Ga.

13. NAME Alonzo Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

15. MAIDEN NAME Laura Hindsman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT (ADDRESS) Henrietta Jones
 2103a Wash St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park 12/13/57

19. FUNERAL DIRECTOR (ADDRESS) 2637 N. 7th St
 SEP 13 1957

20. FILED 1957

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/7/57

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?..... 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) *Joseph M. Quinn, M.D.*
 (Address) *Resident Coroner*

(Licensed Embalmer's Statement on Reverse Side)

WHITE-PERMANENT RECORD WITH NO ADDING 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Robert H. Powell

Licensed Embalmer No. 3402

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Robert H. Powell

Licensed Embalmer No. 3402

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.)