

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32947
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** **791**
 (a) County
 (b) Township
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.
 (e) Length of residence in city or town where death occurred **17** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9001**

2. PRINT FULL NAME **Ivory Jones**
 (a) Residence, No. **2138a Carr** St. **21**
 (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1908**

7. AGE YEARS **29** MONTHS **8** DAYS **19** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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**

13. NAME **Otis Jones**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

15. MAIDEN NAME **Fanny Lewis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood Cem.** DATE **Sept. 22** 19**37**

19. FUNERAL DIRECTOR **English Undertaking Co.**
(ADDRESS) **2431 Indiana Ave.**

20. FILE **SEP 2, 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **July 26** 19**37** to **Sept. 20** 19**37**

I last saw him alive on **Sept. 20** 19**37** Death is said to have occurred on the date stated above, at **6:15** p.m.
 The principal cause of death and related causes of importance were as follows:

Tuberculous Spondylitis (lumbar Region)

Date of onset

7/26/37

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) **James B. Harris** M. D.
 (Address) **2601 N Whittier**

(Licensed Embalmer's Statement on Reverse Side)

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.

2222065

STATEMENT BY LICENSED EMBALMER

Raymond E. Gehlke, Licensed Embalmer No. 3985

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

L. E.

No. 3985 or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Raymond E. Gehlke

Licensed Embalmer No. 3985

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.)