

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

35975
Do not use this space.

NOV 15 1937

7. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis Mo.** (d) Street No. **3138 A Brantner Pl.** Registered No. **9352**

(e) Length of residence in city or town where death occurred **5** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Louisa B Jones**

(a) Residence, No. **3138 A Brantner Pl.** 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 **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec; 24th; 1862**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
31	74	09	15	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. **Domestic**

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) **DuQuoin Ill.**

FATHER

13. NAME **Jack Haden**

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

MOTHER

15. MAIDEN NAME **Margrett Teague**

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

17. INFORMANT (ADDRESS) **Jeanett Cooper 3138 A Brantner Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cem.** DATE **10-16**

19. FUNERAL DIRECTOR (ADDRESS) **Ellis Funeral Home 2820 Stoddard St**

20. FILED **OCT 13 1937** *P. Bredbeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-9 1937.**

22. I HEREBY CERTIFY, That I attended deceased from **9/25**, 19**37**, to **10/9**, 19**37**

I last saw her alive on **9/8**, 19**37**. Death is said to have occurred on the date stated above, at **8 P.** m.

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

*Intestinal Neoplasia
Chronic*

Date of onset

Other contributory causes of importance: **131**

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? (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 **37**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) *J. H. Jefferson*, M. D.
(Address) **11 W. Jefferson 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.

8772
31
2

STATEMENT BY LICENSED EMBALMER

I, Tommye Boykin, Licensed Embalmer No. 2946

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Tommye Boykin

Licensed Embalmer No. 2946

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.)