

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36462
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.
 (e) Length of residence in city or town where death occurred **2** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10039**

2. PRINT FULL NAME **Jennie Jones**
 (a) Residence, No. **3047 Thomas** St. **27** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 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) **Aug. 28, 1901**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 1 26
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Domestic**
 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) **Kentucky**

FATHER 13. NAME **Jim Jones**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Winnie Taylor**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Ph** DATE **October 30, 1937**

19. FUNERAL DIRECTOR **F.H. Green Undertaker** (ADDRESS) **2915 Franklin Avenue**

20. FILED **OCT 29 1937** **J.F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 24, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 4, 1937** to **Oct. 24, 1937**
 I last saw him alive on **Oct. 24, 1937** Death is said to have occurred on the date stated above, at **4:25** m. **a.m.**
 The principal cause of death and related causes of importance were as follows:

Tuberculosis peritonitis

Date of onset **9/4/37**

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) **W. L. Lewis**, M. D.
 (Address) **2601 N Whittier**

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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STATEMENT BY LICENSED EMBALMER

I, J. A. Green

Licensed Embalmer No. 2963

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

J. A. Green

L. E.

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

Registered Apprentice No. _____

Signed J. A. Green

Licensed Embalmer No. 2963

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.)