REC'D MAR 14 1938

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

5083
Do not use this space.

791
1003

1. PLACE OF DEATH Homer G Phillips Hospital
   (a) County ..... Registration District No. .....
   (b) Township ..... Primary Registration District No. ..... Registered No. 1728
   (c) City St. Louis (d) Street No. 2601 N Whittier St.
   Life (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 Baby Arthur Jones, Jr. 520
   (a) Residence, No. 501 East Espenschied St. 1 (If nonresident, give city or town and State)
   (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	7	11	

OCCUPATION
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) St. Louis Missouri

FATHER
13. NAME Arthur Jones, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Inez Buford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE Feb 18 1938

19. FUNERAL DIRECTOR (ADDRESS) WATSON and Co 2769 Chouteau

20. FILED FEB 18 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1938, to Feb. 15, 1938
I last saw him alive on Feb. 15, 1938. Death is said to have occurred on the date stated above, at 9:10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia, Primary	2/6/38
10 7a	

Other contributory causes of importance:

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

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) T E Thowell, M. D.
(Address) Phillips Hosp

(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.

STATEMENT BY LICENSED EMBALMER

I, S. L. Watson, Licensed Embalmer No. 269P

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 S. L. Watson

Licensed Embalmer No. 269P

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)