

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8992
Do not use this space.

REC'D APR 11 1938

791
1003

2581

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. Homer G. Phillips Hospital 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Russell Jones 520
 (a) Residence, No. 4052 W. Belle St. 11
 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
 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) Alabama

FATHER 13. NAME Britton Jones

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

MOTHER 15. MAIDEN NAME Laura Cornish

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

17. INFORMANT (ADDRESS) Alline Jones
4052 W. Belle

18. BURIAL, CREMATION, OR REMOVAL PLACE Emelle, La DATE 3/19 1938

19. FUNERAL DIRECTOR (ADDRESS) R.M.C. Green
3517 Laclede Ave.

20. FILED MAR 18 1938 J. P. Bredear
 Local Registrar

MEDICAL FINDINGS BY PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1938

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:40 A.M.

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

Chronic Interstitial Nephritis.
Arteriosclerosis.

Other contributory causes of importance: 1821

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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..... 4

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Alfred J. Perry
 (Signed)..... (Address) 1017 Perry Co. Ave.

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,

A.M. Green

Licensed Embalmer No. *1173*

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

A.M. Green

Licensed Embalmer No. *1173*

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.)