

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.

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

9250  
 Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH  
 (a) County ST. LOUIS Registration District No. 791  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1003  
 (c) City ST. MARK'S INFIRMARY Block No. \_\_\_\_\_ (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 WILLETTA JUBAN JONES 520  
 (a) Residence, No. 4052 FINNEY AVE. St. II (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 COL. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 10, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
30 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MAID  
 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 \_\_\_\_\_

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.  
 13. NAME JAMES UBAN  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

MOTHER 15. MAIDEN NAME MARY HOLMES  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

17. INFORMANT (ADDRESS) MARY KEYS  
4052 FINNEY

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKDALE DATE MARCH 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) ELMER E. PETTIS  
3030 BECK

20. FILED MAR 25 1938 J. B. Brediek  
 Local Registrar.

**NO POST-MORTEM EXAMINATION OF ATTENDANCE**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 23, 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 9:15 a.m.

The principal cause of death and related causes of importance were as follows:  
Septicemia, Pelvis Peritonitis, Septic Endometritis with retained Placental remnants. Gangrenous Cervicitis, following an illegal abortion, TIME, PLACE, AND MANNER

Other contributory causes of importance:  
COULD NOT BE ASCERTAINED.

**OPEN VERDICT 175A**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Open Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See Above  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph L. M. Quinn, M.D.  
 (Address) Joseph Quinn

*Embalmer signed*

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**