

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

13122
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City Saint Louis (d) Street No. Peoples Hospital St.
 (e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.

Primary Registration District No.

Registered No. 3726

2. PRINT FULL NAME

Ophelia Jones 5210

(a) Residence, No. 4019 Finney Avenue, Apt. 201 St. III
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August - 1906

7. AGE YEARS 32 MONTHS 8 DAYS IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) April 1938 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Pine Bluff 146
 (STATE OR COUNTRY) Arkansas

FATHER 13. NAME William Mays 1

14. BIRTHPLACE (CITY OR TOWN) Unavailable 1
 (STATE OR COUNTRY) Louisiana 1

MOTHER 15. MAIDEN NAME Rilla Lawson

16. BIRTHPLACE (CITY OR TOWN) Portland
 (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) James Jones
4019 Finney, Apt 201

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Bluff, Ark DATE Apr. 22, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Bates
 (ADDRESS) 4107 Finney Avenue

20. FILED Apr 21 1938
J. J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/17 1938, to April 18, 1938
 I last saw h. er alive on April 18, 1938. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Tranip of pregnancy
with periperal placental decidual
 Date of onset 4/17/38

Other contributory causes of importance:

Toxic Accidents w/ hypertension
Chronic degenerative
 Name of operation Abdominal Section Date of 4/17/38
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? N.O.

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 J. T. Bredeck, M.D.
 (Signed) J. T. Bredeck
 (Address) 2748a Franklin Avenue

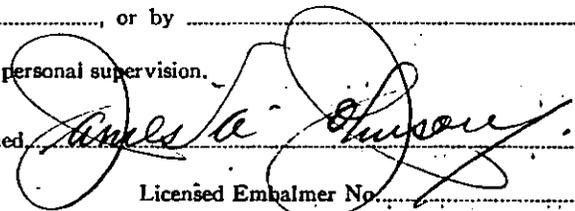
5,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed 

.....
Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.