

REC'D JUL 12 1938

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

20740

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **ST. LOUIS, MO.** (d) Street No. **HOMER PHILLIPDES** St. **5879**
 (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

HELEN JONES
 (a) Residence, No. **1704 S. R. BIDDLE** St. **25** (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 FEMALE	4. COLOR OR RACE COLORED	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) APR. 10, 1915		
7. AGE YEARS 23	MONTHS 3	DAYS 14
If LESS than 1 day, hrs. or min.		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.		
13. NAME VENON JONES		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.		
15. MAIDEN NAME LIZZIE CONWAY		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.		
17. INFORMANT (ADDRESS) RUTH CABLE 2127 LUCAS		
18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE 6-30 19 38		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) DEMENT & SON 2631 WASH ST. J. B. Biddle Local Registrar.		
20. FILED JUN 29 1938		

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/24/38** 19

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 11:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Nephritis from Double Lobar Pneumonia;
 Date of onset

Other contributory causes of importance:
108

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? 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? **No**
 If so, specify
 (Signed) **J. B. Biddle** (Address) **Deputy Coroner**

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 Lonnie Boykin

, or by J. J. J. J.

Registered Apprentice No., working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2046

P. O. Address 2820 Stoddard

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.