

REGISTRATION DISTRICT NO. 1008
1939 JUL 12 1939

Primary Registration District No.

Registrar's No.

5431

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4515 NEWBERRY TERRACE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether _____)

In this community _____
 years, months or days8. (a) PRINT FULL NAME LAURA A. JONES8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex FEMALE 5. Color or
race WHITE6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife UNKNOWN6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased APRIL 29 1965
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 1 18 _____ hr. min.9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation NURSE11. Industry or business PRIVATE NURSE12. Name UNKNOWN13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lillian Schulte(b) Address 4515 NEWBERRY TERRACE17. (a) BURIAL (b) Date thereof 6-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation oak grove18. (a) Signature of funeral director Huller & Kelly(b) Address 1416 N. Taylor Ave.19. (a) JUN 19 1939 (b) J. F. Prudek
(Date recorded local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County _____
 (c) City or town ST. LOUIS 112
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4515 NEWBERRY TERRACE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
 year 1939 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from May 11
 1939 to June 17 1939that I last saw her alive on June 16 1939
 and that death occurred on the date and hour stated above.Immediate cause of death _____
 Duration _____Carcinoma RectiDue to Spasm 4 hrs

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____Of autopsy None

PHYSICIAN _____

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____While at work? _____ (Specify type of place)
 (e) Means of injury _____23. Signature Carleton Bedy (M. D. or other) _____Address _____ Date signed 6-17-39

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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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.