DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23843

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6116

1. PLACE OF DEATH: 3

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Found dead in Mississippi River, near foot of Gasconade St. (If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO 1 (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 25

(d) Street No. 712 CARR ST (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Willie Jones (HARRIS) 600

3. (b) If veteran, name war NONE

3. (c) Social Security No. 491-16-8281

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife SINGLE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) 18 (Day) 1914 (Year)

8. AGE: Years 24 Months 8 Days 16 If less than one day hr. min.

9. Birthplace MISS (City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business

FATHER
12. Name JUDGE HARRIS
13. Birthplace LA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DELLA KEITH
15. Birthplace LA (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Judge Harris

(b) Address ROOTE 2 BOX 37 TUNICA, MISS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 (Month) 11 (Day) 39 (Year)

(c) Place: burial or cremation FATHER DICKSON

18. (a) Signature of funeral director Bernice Lone

(b) Address 3103 Washington

19. (a) JUL 11 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1939 hour 12 minute 17 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation, due to drowning following jump from Municipal Bridge, into Mississippi River, about 5:30 A.M. July 2nd, 1939. SUICIDE.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence 7/2/39

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work (e) Means of injury 4

23. Signature Joseph M. Quinn (M.D. or other)

Address Deputy Coroner Date signed 7/11

(Licensed Embalmer's Statement on Reverse Side)

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.

Not embalmed

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 wi the above constitutes grounds for revocation of license.)

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