

REGD SEP 14 1939 791  
1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. 7283

## 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: 4305 Virginia 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Lillian Jones 5203. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Henry Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased April 12 1865  
(Month) (Day) (Year)8. AGE: Years 74 Months 4 Days 9 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Ellis13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)14. Maiden name Mary Bone15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Edna L. Moore(b) Address 4305 Virginia17. (a) Burial (b) Date thereof Aug 23, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenville, Ill.18. (a) Signature of funeral director Fred M. Williams(b) Address 4535 Washington Blvd19. (a) AUG 22 1939 (b) J. B. Braddock  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City of St. L.  
 (c) City or town St. Louis 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4305 Virginia  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1939 hour 2 minute 30 A. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1939,  
that I last saw her alive on Aug 14, 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Dis  
myocarditis chronic  
Due to \_\_\_\_\_Due to Interstital Nephritis chronic  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: None  
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? \_\_\_\_\_

(Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Philip Schuck (M. D. or other)  
 Address 1703 1/2 Grand Date signed 8-21-39

**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

*Robert G. Hayes*

Licensed Embalmer No. 2971

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.**