

NOV 13 1939 791
Registration District No. 1000

Primary Registration District No. _____

1. PLACE OF DEATH: 2
(a) County St Louis Mo.
(b) City or town St Louis Mo.
(c) Name of hospital or institution: 2708 Wash St
(d) Length of stay: In hospital or institution. 6 months
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St Louis Mo. 21
(d) Street No. 2708 Wash St
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Cornelius Jones 5274
(b) If veteran, name war None
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 7th
year 1939 hour 12 minute 20 A.M.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 10 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from SEPT 2, 1939 to Oct. 6, 1939
that I last saw her alive on October 6, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 10 Days 27 If less than one day hr. _____ min. _____

Immediate cause of death: CHRONIC MYOCARDITIS 1 year
Duration 1 year

9. Birthplace Hartman Co Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic

Due to _____
Due to _____
Other conditions Fistula in Ano
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Taylor Oster
13. Birthplace Tenn
14. Maiden name Mary Balden
15. Birthplace Mideltown Tenn

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Alberta Woods
(b) Address 2708 Wash St
17. (a) Burial (b) Date thereof 10-12-39
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Standard St
19. (a) OCT 10 1939 (b) J. B. Brudick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature M. H. G. Clark (M. D. or other) 10/7/39
Address 2650 1/2 Franklin Date signed _____

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.

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 Myself

Lonnie Boykins, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2446

P. O. Address St Louis mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34119

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 (d) Street No. Registered No. 3657
(If death occurred in Hospital or Institution, write its name instead of street and number) 8657 St.
(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 Cornelius Jones

(a) Residence, No. St. (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 7 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 38 10 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12/15/39 19. J. F. Rudesh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h..... alive on....., 19... Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy?.....

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.....

(Signed) W. H. G. Clark, M. D.

(Address) 2650 a Franklin

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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