

FILED MAY 15 1940 791

Registration District No. _____

Primary Registration District No. 1003

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:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2901 Lucas
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME CELESTRIE JONES 520

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 / 6 / 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business None

12. Name Widowed

13. Birthplace Ark
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frankline

(b) Address 1113 N Vandeventer Ave

17. (a) Burial (b) Date thereof 4-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis J. Howard

(b) Address 2820 Stoddard St

19. (a) APR 27 1940 (b) J. B. Reddick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1940 hour 6:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 8 40 to April 21 40,
that I last saw her alive on April 21 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 1-3 yrs
Duration

Due to _____

Due to _____

Other conditions Uremia 13 days
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 H. J. Lymann (M. D. or other)

Address 2601 N Whitier Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. Boyer
....., Registered Apprentice No. 7754
working under my personal supervision.

Signed L. Boyer

Licensed Embalmer No. 294

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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