

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

5036

Registration District No. 791Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

## 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 1 Mo. 5 days  
(Specify whether  
 In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Leona Jones 5203. (b) If veteran, xxx  
name war \_\_\_\_\_3. (c) Social Security No. xxx4. Sex Female 5. Color or race col6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Earnest Jones 6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased Nov 11th, 1895.  
(Month) (Day) (Year)8. AGE: Years 44 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min.9. Birthplace St Louis, Missouri.  
(City, town, or county) (State or foreign country)10. Usual occupation House-wife.  
Domestic,

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

12. Name Lee Moore.13. Birthplace Jackson, Tenn.  
(City, town, or county) (State or foreign country)14. Maiden name Alice Moore.15. Birthplace Jackson, Tenn.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Elizabeth Koopman  
(b) Address 2929 Thomas, St. Louis, Mo.17. (a) Burial (b) Date thereof 6/10/40.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery,18. (a) Signature of funeral director Lee J. Sneed  
2812 Thomas, St. Louis, Mo.

(b) Address \_\_\_\_\_

19. (a) JUN 8 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2929a Thomas 21  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. U.S.A. 44yrs. years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6  
year 1940 hour 1 minute 50 P. M.21. I hereby certify that I attended the deceased from 5-1- 19 40 to 6-6- 19 40  
that I last saw her alive on 6-6- 19 40

and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Spondylitis About 2 Irs.

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
8411 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_  
23. Signature M. E. Turner (M. D. or other) 6-7-1940  
Address 2601 N. Whittier Date signed \_\_\_\_\_

**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*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*[Handwritten Signature]*

Licensed Embalmer No. *1226*

P. O. Address *2817 Thomas St*

**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.**