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13-40
7-39
X231

AUG 25 1940
791
Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 6299

1. PLACE OF DEATH:

(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 3118 Delmar 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 JULIA JONES 520

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

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Horcel Jones 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June 20 1968
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Horcel Jones
(b) Address 3118 Delmar

17. (a) _____ (b) Date thereof 7-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cemetery

18. (a) Signature of funeral director English Und Co
(b) Address 2731 Lucas ave

19. (a) JUL 25 1940 (b) J. F. Bradeck
(Date recorded or registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3118 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 nd
year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from March 18 1940 to July 22 1940
that I last saw her alive on July 12 1940
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to arteriosclerosis

Due to Hypertension

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. A. Mueller (M. D. or officer) and
Address 2325 Cassville Date signed 7-27-40

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

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.