

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7300

1. PLACE OF DEATH:
(a) County St Louis
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community, 15 years.
years, months or days)

3. (a) PRINT FULL NAME Tom Jones 520
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife -unk known- 6. (c) Age of husband or wife if alive unk known years
7. Birth date of deceased Nov, 5th, 1872
(Month) (Day) (Year)

8. AGE: 67 Years 10 Months 22 Days If less than one day
hr. _____ min. _____

9. Birthplace Union Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Fred Jones
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Martha Leahy
15. Birthplace Washington Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Jones
(b) Address 2319a Franklin Ave.

17. (a) Burial (b) Date thereof 8-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home
2820 Stoddard St

19. (a) AUG 30 1940 (b) [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State 0 Missouri (b) County St Louis
(c) City or town St Louis Mo. 21
(If outside city or town limits, write "RURAL")
2319 a Franklin Ave.
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th
year 1940 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Left Femur, Arteriosclerosis; suffered when deceased fell in alley in rear of 4435 Richard Place, while pushing his own push-cart, August 12, 1940, about 10.30 A.M. ACCIDENT.
Due to _____
Duration _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 1860
139
Of autopsy _____
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) Accident
(b) Date of occurrence 8/12/1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
While at work _____ (Specify name of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address [Signature]

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 L. B. Bay
....., Registered Apprentice No. Myself
working under my personal supervision.

Signed L. B. Bay

Licensed Embalmer No. 294

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.