

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **36708**
Registrar's No. **8981**Registration District No. **791**Primary Registration District No. **1003**

1. PLACE OF DEATH:

- (a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days8. (a) PRINT FULL NAME **ALFRED JONES**

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

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)8. AGE: Years **58** Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation **Unknown**11. Industry or business **"**12. Name **"**13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name **"**
(City, town, or county) (State or foreign country)15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Kenny Phillips**(b) Address **St. Louis**17. (a) _____ (b) Date thereof **12/11/40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **St. Louis**18. (a) Signature of funeral director **W. R. Rutter**(b) Address **3500 Rutter**19. (a) **NOV 1 1940** (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Michigan** (b) County **NR**
(c) City or town **Detroit Harbor**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **10** day **15**
year **1940** hour **205** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, Fracture of Right Femur, Fracture of Pelvis when he** Duration _____Died to **fell from a hay loft**Place **Unknown**

Other conditions _____

(Includes pregnancy within 3 months of death)

Major findings: **August 28-1940 about 4:00** PHYSICIANOf operations **when he had gone into hay loft to sleep**Of autopsy **accident**

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 **August 28-1940**(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? **X**

While at work? _____ (Specify type of place)

(e) Means of injury **fall**23. Signature **Joseph M. Rutter** (M. D. or other)Address **St. Louis** 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.....
....., 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, above space should be left blank.