DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37190

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9463

FILED DEC 11 1940

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: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 4452 A N Market (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jessie Jones

8. (b) If veteran, name war

8. (c) Social Security No. Unk

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased April 10, 1913 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
27	7	6	hr. min.

9. Birthplace Greenwood (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housework

11. Industry or business ********

FATHER
12. Name George Jones
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Rosie Lee (Unkown)
15. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant's own signature Mary Jones
(b) Address 4452 A N Market St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Ave.

19. (a) NOV 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1940 hour 4:00 minute PM.

21. I hereby certify that I attended the deceased from August 15, 1939 to November 16, 1940; that I last saw her alive on November 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Abt 2 years 10 mos
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Clarence Allen (M. D. or other)
Address 2601 N Whittier Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER—USE ONLY WITH BLACK INK—MAKE A PERMANENT RECORD

I X19511

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

At Homer G. Phillips Hosp., Registered Apprentice No.

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2437

P. O. Address 3847 Page B

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.