

Registration District No. 7911

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 North 21st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community About 3 years
years, months or days)

3. (a) PRINT FULL NAME Lillia Flakes Jones

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

8. (b) Name of husband or wife Not Known 6. (c) Age of husband or wife if alive Deaf years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 69 hr. min.

9. Birthplace Summersville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Wiley Jones

13. Birthplace Summersville, Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jewell Howard Johnson

(b) Address 1401 North 21st Street

17. (a) Burial (b) Date thereof Dec 23rd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
Greenwood

(c) Place: burial or cremation A. L. Beal Und Co.

18. (a) Signature of funeral director 2726 Lucas Ave.

(b) Address _____

19. (a) DEC 23 1940 (b) J. F. Bredect
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St Louis Mo 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 N. 21st Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 1st, 1940, to Dec 15th, 1940
that I last saw her alive on Dec 15th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

non-infectious pneumonia
Due to 300 pneumonia

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 823 N. 16th St Date signed 12/16/40

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

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.

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

Birdie Beal Anderson

Licensed Embalmer No.....

2929

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.