No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9059

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2469

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

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4551 Kennerly (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Madeline Carol Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 31 (Day) 1939 (Year)
8. AGE: Years 1 Months 6 Days 15 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name Melrose Douglas
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Cornelia Jones
15. Birthplace St. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Cornelia Jones
(b) Address 4551 Kennerly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Ave
19. (a) MAR 19 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 15 Day 15, year 1941 hour 12:50 minute A. M.
21. I hereby certify that I attended the deceased from March 11, 1941 to March 15, 1941 that I last saw her alive on March 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	8 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 0
23. Signature Clarence Allen (M. D. or other)
Address 2601 N. Whittier St. Date signed 3-17-41

(Licensed Embalmer's Statement on Reverse Side)

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. 2963

P. O. Address 2915 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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