

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(c) Name of hospital or institution: **Thomas G. Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4359 Cottage Ave.**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** year **1941** hour **7:00** minute **0** P. M.
21. I hereby certify that I attended the deceased from **2-11-41**
_____ 19____, to **7-1-41**, 19____
that I last saw him alive on **6-30-41**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 **G. A. Jenkins** (M. D. or other) **D**
Address **3200 Lucas** Date signed **7/2/41**

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **Andreas Jones**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **492-09-3977**

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

6. (b) Name of husband or wife **Lily Mae Jones** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **May 26th 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Athens, Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Foreman**

11. Industry or business **Scullins Steel Co.**

12. Name **Plato Jones**

13. Birthplace **Unavailable Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzie Garrett**

15. Birthplace **Unavailable Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lily Mae Jones**

(b) Address **4359 Cottage Ave.**

17. (a) **Burial** (b) Date thereof **7/3/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Charles**

(b) Address **4107 Finney Ave.**

19. (a) **JUL 2 1941** (b) **J. H. Brubaker**
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

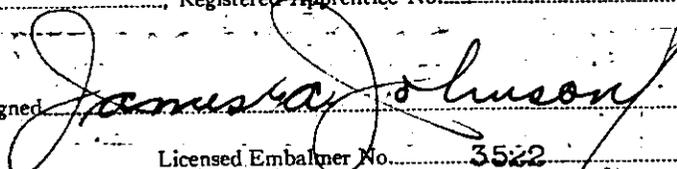
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.