

FILED AUG 28 1941 791
Registration District No. _____

Primary Registration District No. 1003

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: St. Thomas & Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MATTIE JONES
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Al Long 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 1 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Abbeville Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Jessie Adams

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

14. Maiden name Alice Walker

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

16. (a) Informant Silvey Jones

(b) Address 2722 Bonnard

17. (a) Burial (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director: [Signature]

(b) Address 2723 4th

19. (a) JUL 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 2722 Bonnard
(If rural, give location)
(e) Citizen of foreign country? citizen (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1941 hour 8 minute 45 AM.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurism of ascending Aorta; CONTRIB: Chronic Nephrosclerosis
Due to Cause undetermined

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? _____

(Specify type of place)
While at work? _____ (a) _____ (b) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 7/17/41

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

Thompson

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

C. L. Howell

Licensed Embalmer No.

2452

P. O. Address

2820 Dickson

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, fact should be so stated above.