

No. 2
4-13-40
4-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6729

26937

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH: 1941

(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
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 10 Days
In this community 24 Yrs. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
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(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 217

(d) Street No. 3016 Cass
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Jones

3. (b) If veteran, name war none

3. (c) Social Security No. 489-12-2763

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maie Jones (deceased) 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased: 3 (Month) 29 (Day) 1892 (Year)

8. AGE: Years Months Days If less than one day

49 4 15 - hr. - min.

9. Birthplace Kemper Co. Mississippi | Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Western Metal Co.

12. Name George Jones

13. Birthplace Kemper County | Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Emma Blanks

15. Birthplace Kemper County | Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Jones

(b) Address 3016 Cass Avenue

17. (a) Burial (b) Date thereof 8 - 19 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Robert Wood

(b) Address 3755 Finney

19. (a) AUG 18 1941 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1941 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from August 4,
1941, to August 14, 1941,
that I last saw him alive on August 14, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 Days

~~Other~~ Bilateral Minimal Pulmonary Tuberculosis 2 Yrs.

~~Other~~ Suppurative Orchitis, Left 3 Wks.

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

Major findings: [Signature]
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 W. F. Fletcher (M. D. or other) [Signature]
Address 2601 North Whittier Date signed 8/15/41

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

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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

F. L. Howell

Licensed Embalmer No. *2452*

P. O. Address

3028 Buena

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.