

Registration District No. **791**
Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St Louis**
(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 ()**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community **16 Yrs.** years, months or days)

3. (a) PRINT FULL NAME **Joe Jones**
3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **Nil**

4. Sex **Male** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **Abt. 1903**
(Month) (Day) (Year)

8. AGE: Years **Abt. 38** Months Days If less than one day
hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucius Atkins**
(b) Address **17 S. 22nd St.**

17. (a) **Burial** (b) Date thereof **8/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **E. St. Louis, Ill.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **3517 S. 22nd St.**

19. (a) **AUG 26 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St Louis** **1722**
(If outside city or town limits, write "RURAL")
(d) Street No. **17 So 22nd** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**
year **1941** hour **8:10** minute **—** P.M.

21. I hereby certify that I attended the deceased from **August 20** 19 **41** to **August 23** 19 **41**
that I last saw him **in** alive on **August 23** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **1 year**

Due to **[Signature]**

Due to **[Signature]**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **[Signature]**
Of operations **23**
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

23. Signature **[Signature]** (M. D. or other) **0**
Address **2601 N Whittier** Date signed **8-25-41**

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

2
-41
-39
K26390

FILED SEP 17 1941

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. 1173

P. O. Address 3517 Soledad St.

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.