

No. 2
12-40
17-39
X23159

FILED OCT 13 1941

Registration District No. 7011

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 1 mo 5 das
(Specify whether years, months or days)

In this community 4 years
(years, months or days)

3. (a) PRINT FULL NAME Leonore Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. 3 Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HOLLIS JAMES 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased MAR 31 1913
(Month) (Day) (Year)

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

28 5 12 hr. _____ min.

9. Birthplace Jackson / Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name FRED ALSTON

13. Birthplace JACKSON / TENN
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE McFADDEN

15. Birthplace UNKNOWN / MISS.
(City, town, or county) (State or foreign country)

16. (a) Informant FRED ALSTON

(b) Address 2708^a HICKORY

17. (a) Burial (b) Date thereof 19-18 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. F. (Addie) Walton

(b) Address 2707 Haddard

19. (a) SEP 18 1941 (b) J. Breduck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County (000)

(c) City or town St Louis 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2818 a Dayton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1941 hour 2:25 minute A.M.

21. I hereby certify that I attended the deceased from August 8, 1941, to Sept 13, 1941; that I last saw her alive on Sept 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Prob 3 1/2 yrs
Duration

Due to _____

Due to _____

Other conditions 13
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 23

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) _____

Address 2601 N Whittier Date signed 9-15-41

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

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *2649 Delma*

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.