

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

DEC 22 1941

791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 days (Specify whether  
In this community 15 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2716 Papin (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Tim Weekly Jackson Jones

3. (b) If veteran, name war..... 3. (c) Social Security No.       

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Arthur Jones 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased Apr 22 1912  
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Port Dale Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Weekly

12. Name Janie Weekly

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

14. Maiden name Lula  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lula King

(b) Address 2811 Papin

17. (a) Buried (b) Date thereof 11-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Andrew's

18. (a) Signature of funeral director Wattson

(b) Address 2769 Chouteau

19. (a) NOV 26 1941 (b) J. J. Prebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 25, 1941  
year..... hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from October 30, 1941  
to November 25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Prob. 3 years

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 J. J. Prebeck (M. D. or other)

Address 2801 N. Waterloo Date signed 11-26-41

**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..... *S. J. Watson*  
Licensed Embalmer No. *2698*  
P. O. Address..... *2790 Mount*

**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.**