V. S. No. 2
M—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8777

Registrar's No. 2578

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

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: Enroute to H. G. 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 15 yrs 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 11 000 17 9

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

(d) Street No. 1713a Goode Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Jones.

3. (b) If veteran, name war

3. (c) Social Security No. ?

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rosa Jones

6. (c) Age of husband or wife if alive years

7. Birth date of deceased abt Aug (Month) (Day) 1876 (Year)

8. AGE: Years abt. 65 | Months | Days | If less than one day hr. min.

9. Birthplace Keeling (City, town, or county) Tenn! (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace — (City, town, or county) Tenn! (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Tenn! (State or foreign country)

16. (a) Informant Rosa Jones
(b) Address 1713a Goode Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director McDowell
(b) Address 1711 N. Taylor Ave

19. (a) MAR 23 1942 (Date received for registrar) (b) J. F. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1942 hour 3: 28 minute A. M.

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

Immediate cause of death Suffocation from a fire in the home caused from a basket of hot ashes on the stairway, about 2:45 o'clock A.M., March 19, 1942.

Due to Damage to building $500.00, contents $100.00.

Other conditions Accident.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
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) accident 000
(b) Date of occurrence March 19, 1942
(c) Where did injury occur? St. Louis, Missouri. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no. (e) Means of injury fire

23. Signature James J. Fitzsimmons Coroner (M. D. or other)
Address 1300 Clark Ave Date signed 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address_____

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, above space should be left blank.