

S. No. 2
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5-17-39
-I X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8778

State File No.

FILED APR 13 1942

2862

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2217 Franklin (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oda Jones

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

4. Sex Female **3** 5. Color or race Negro 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 March 14, 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Nil.

12. Name Tom Jones 13. Birthplace Miss. (City, town, or county) (State or foreign country)

14. Maiden name Josephine Williams 15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Wiley Smith (b) Address 2601 N. Whittier

17. (a) Funeral Home Date thereof 3-21-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director J. F. Oudecy (b) Address MAR 31 1942

19. (a) MAR 31 1942 (b) J. F. Oudecy (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16, year 1942 hour 3 minute 22 A. M.

21. I hereby certify that I attended the deceased from March 11, 19 42 to March 16, 19 42 that I last saw her alive on March 16, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Hypochromic Anemia Duration Unk.

Due to 13
Due to 13
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?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature J. W. Johnson (M. D. or other) 0 Address 2601 N. Whittier Date signed 3/20/42

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

MOTHER FATHER

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.....

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, fact should be so stated above.