V. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12760

State File No. 3983

Registration District No. [illegible] 13 [illegible] 91

Primary Registration District No. 1003

Registrar's No.

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: 2134 Carr St,
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 21000

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

(d) Street No. 2134 Carr St 9
(If rural, give location)

(e) Citizen of foreign country? ([illegible] No)

If yes, name country 0

3. (a) PRINT FULL NAME FANNIE 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 Otis Otis Jones

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 10 (Day) 1888 (Year)

8. AGE: Years 54 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Winston Lewis
13. Birthplace (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Emma Ray
15. Birthplace (City, town, or county) Ark (State or foreign country)

16. (a) Informant Willie Jones
(b) Address 2134 Carr St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director S. J. Watson
(b) Address 2769 Chouteau

19. (a) MAY 5 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from April 28th 1942 to April 30th 1942 that I last saw her alive on April 30th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute gastroenteritis

Due to indigested food, overdated

Due to corn, potatoes & cakes

Other conditions (Include pregnancy within 3 months of death) 120a

Major findings:
Of operations 120

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 G. Sowold (M. D. or other)

Address 823 N. 16th Date signed 4/30/42

(Licensed Embalmer's Statement on Reverse Side) G. W. Holt

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. 269 A

P. O. Address 2769 Chouteau

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.