S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16302

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4962

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

**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 G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 30 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. 2901 Dickson
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME William Jones

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

4. Sex Male 2 | 5. Color or race Col | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Endia Jones 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug. (Month) 19 (Day) 1889 (Year)

8. AGE: Years 52 | Months 9 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Levi Jones
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Endia Jones
(b) Address 2901 Dickson ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cmty.

18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard ST.

19. (a) JUN 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 3, year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 27, 1942 to June 3, 1942 that I last saw him alive on June 3, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Neuro lues | Indef. |
| Due to 30 Y | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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) .....

(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 H. J. Erwin (M. D. or other)

Address 2601 Whittier Date signed 6-4-42

844 (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~~ L. Boyf

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Boyfin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

**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.**