

U. S. No. 2
M-9-4-41
Rev. 5-17-39

19706

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5870**

FILED JUL 20 1942

791

Registration District No. _____ Primary Registration District No. **1003**

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19
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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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 days**
(Specify whether _____)

In this community **13 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **112**

(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL") **921**

(d) Street No. **3114 Lucas Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Lessie Jones**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **July** day **7**
year **1942** hour **1** minute **05 P.** M.

4. Sex **Fem 3**

5. Color or race **Col**

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

6. (b) Name of husband or wife **Otis Jones**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **March 21, 1906**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 21,** 19**42** to **July 7,** 19**42**, that I last saw her **or** alive on **July 7,** 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio-Renal Disease

Duration **Indef.**

8. AGE: Years **36** Months **3** Days **16** If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Shaws** / **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Mason**

{ 13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Pearl Austin**

{ 15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Alberta Stroud**

(b) Address **356 Mulberry, Memphis, Tennessee**

22. If death was due to external causes, fill in the following:

17. (a) **Removal** (b) Date thereof **7/10/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis, Tennessee.**

(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? _____

18. (a) Signature of funeral director **R. M. C. Green**

(b) Address **3517 Laclede Avenue.**

While at work? _____ (Specify type of place)

(c) Means of injury **0**

23. Signature **A. F. Fleck** (M. D. or other)

Address **2601 Whittier** Date signed **7/10/42**

19. (a) **JUL 10 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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

Signed .....

Licensed Embalmer No. 1173

P.O. Address 3517 Laclède Ave

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.