

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(d) Length of stay: In hospital or institution 22 days  
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 12 21  
(d) Street No. 1125 N. Compton  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Carrie Mae Jones

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

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 11 23 1941

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

9. Birthplace St Louis Missouri

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Percy Jones

13. Birthplace Jackson Miss

14. Maiden name Lillie Mae Johnson

15. Birthplace Jackson Miss

16. (a) Informant Lillie Mae Jones

(b) Address 1125 N. Compton Ave.

17. (a) Burial (b) Date thereof 8-9-1942

(c) Place: burial or cremation Green Wood Cemetery

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) AUG 6 1942 (b) J. F. Bredich (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2, year 1942 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 11, 1942 to August 2, 1942 that I last saw h. or alive on August 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis Duration 1 month

Due to lungs not affected

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?

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

23. Signature J. R. Barrett (M. D. or other) Address 2601 Whittier Date signed 8/4/42

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

2899

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

*Chas. L. Howell*

Licensed Embalmer No. *2452*

P. O. Address: *3018 Dickson*

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.