

Filed AUG 6 1942

State File No.

Registrar's No.

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 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 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2602 Pine St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Jones Jr.

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower

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

7. Birth date of deceased March 20, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 mos. 10 hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Robert Jones

13. Birthplace Miss. /
(State or foreign country)

14. Maiden name Mandy Sculture

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

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

17. (a) Anatomical Book Date thereof 7-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Rutter

(b) Address 3500 Robison St

19. (a) J. J. P. Decker (b) J. J. P. Decker
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1942 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 14, 1942 to June 30, 1942
that I last saw him alive on June 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with
Decompensation Prob. 4 yrs

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

23. Signature S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 8-31-42

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.