

FILED NOV 6 1942 318

Primary Registration District No. 1003

8963

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

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

(d) Length of stay: In hospital or institution 15 Min
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3154 1/2 R. Easton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jones

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

4. Sex Male 5. Color or race Negro 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 8 21 42
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21 year 42 hour 8 minute 20 a.m.

21. I hereby certify that I attended the deceased from 8:05 A.M.
8 - 21, 1942, to 8:20 A.M. 8-21, 1942,
that I last saw him alive on 8 - 21, 1942,
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
hr. 15 min.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions 154
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Leunice Jones

15. Birthplace Meridian Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Mayo Sherard & Co.
(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof OCT 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director J. F. Brudick
(b) Address City Health Dept

19. (a) OCT 26 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (a) P or other _____
Address 2601 N. Whittier St. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8968

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.