

FILED OCT 28 1942
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Registration District No. _____ Primary Registration District No. 100.3

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

(d) Length of stay: In hospital or institution. 25 days (Specify whether years, months or days)

In this community 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alvernia Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race 3 Negro

6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife CHARLES JONES 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept 12 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Dyersburg Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business at Home

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Mary Butler

15. Birthplace Dyersburg Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Jones

(b) Address 2707 Eugenia St Bernal

17. (a) _____ (b) Date thereof Oct 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Atkins Road

18. (a) Signature of funeral director _____ (b) Address 3644 Finney Ave

19. (a) OCT 17 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County _____

(c) City or town St. Louis, 7 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2707 Eugenia
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13, year 1942 hour 11 minute 30 A. M. September

21. I hereby certify that I attended the deceased from 18, 1942 to October 13, 1942; that I last saw her alive on October 13, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 mos.

Due to _____

Due to _____

Other conditions 0
(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. J. Egan (M. D. or other) _____
Address 260 W. Market Date signed 10/14/42

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney 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.

1.