

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(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 25 days  
In this community 22 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Minnie Etta Jones

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. none

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Jones 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. 23 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 11 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
{ 12. Name William Franklin  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
{ 14. Maiden name Lucinda Wright  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John Cannon  
(b) Address 2836 A Cass Ave.

17. (a) Burial (b) Date thereof Oct. 24, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son  
(b) Address 2629-31 Cole St.

19. (a) OCT 24 1942 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

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. 2836 Cass Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21,  
year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from September 26,  
1942 to October 21, 1942;  
that I last saw her alive on October 21, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2 days

Due to P. O. Myoma of Uterus  
Bilateral Salpingitis

Due to non malignant

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. Dickson (M. D. or other) \_\_\_\_\_  
Address 2601 Whittier Date signed 10/24/42

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

**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.....

*myself*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar Pl.*

**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, above space should be left blank.**