

35543

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 1 1942

Registrar's No. 9716

Registration District No. 318

Primary Registration District No. _____

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:
1837 O'Fallon Street 1
(If not in hospital or institution, write street number or location)

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

In this community 20 years
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. 4222 Papin St.
(If rural, give location)

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

3. (a) PRINT FULL NAME VENNIE BELL JONES

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1942 hour 8 minute 30 A.M.

4. Sex FEMALE 5. Color or Race NEGRO

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

6. (b) Name of husband or wife PATON JONES

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

7. Birth date of deceased: 1 - 6 - 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/3 1942 to 11/20 1942
that I last saw her alive on 11/18 and that death occurred on the date and hour stated above.

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

<u>35</u>	<u>10</u>	<u>14</u>	_____ hr. _____ min.
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Immediate cause of death
Carcinoma cervix of uterus

Due to _____

Due to _____

9. Birthplace EDEN MISSISSIPPI
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation HOUSE MAID

11. Industry or business Private Families

MOTHER FATHER

12. Name James Robinson

13. Birthplace EDEN Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lela White

15. Birthplace EDEN MISS. 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Lela Robinson

(b) Address 1837 O'Fallon Street

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? _____

17. (a) Burial (b) Date thereof 11-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

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

18. (a) Signature of funeral director John Piley

(b) Address 3259 Finney Avenue

19. (a) NOV 20 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature L. R. Wenkel (M. D. or other) MD

Address 2726 Chouteau Date signed 11/21/42

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

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-1-39
REV. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1935

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.