

FILED DEC 21 1942

Registration District No.

Primary Registration District No.

Registrar's No. 10373

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 27 days
(Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3136 Sheridan
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward Ed 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 Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 6, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 4 If less than one day
.....hr.min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Fred Jones

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

14. Maiden name Martha Heavily

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

17. (a) Washington Park (b) Date thereof 12 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (e) Signature of funeral director Boyd Bro.
(b) Address 3704 Finney Ave.

19. (a) DEC 13 1942 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 10,
year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 13,
19 42 to December 10, 19 42
that I last saw him alive on December 10, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Tuberculosis Duration 1 year

Due to.....
Due to.....

Other conditions.....
(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?
(Specify type of place)
While at work? (e) Means of injury.....

23. Signature Alva Moore (M. D. or other)
Address 2601 Whittier Date signed 12/11/42

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.....

.....*William C. McDowell*....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No.....*2114*.....

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.