V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

138

State File No.

FILED FEB 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1017

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 Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEECEASED: 000
(a) State Mo (b) County 17
(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 3113 Laclede, ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LEROY CONES
3. (b) If veteran, name war No
3. (c) Social Security No. None
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 Jan (Month) 7 (Day) 1880 (Year)
8. AGE: Years 62 ~~63~~ Months 0 Days 20 If less than one day hr. min.
9. Birthplace Camden (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Jack Cones
13. Birthplace Unk (City, town, or county) Unk. (State or foreign country)
14. Maiden name Lucy Ames
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Josh. Cones
(b) Address 3113 Laclede, ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.
18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas, ave
19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1943 hour 2:55 minute AM.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Body burned to a crisp in a fire caused by a overheated stove at
Due to 3419 Lawton Ave. 2:50 A.M. January 27, 1943. Damage to
Due to building $600 contents $300.
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) accident 800
(b) Date of occurrence January 27, 1943
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury fire
23. Signature Alfred Meers (M. D. or other)
Address Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, 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.