

FILED FEB 16 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1148

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5411 Brown Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JONAS FIERNROY

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex MALE 5. Color or race 2 Negro 6. (a) ~~Single~~ 2 Widowed

6. (b) Name of husband or wife ANNIE 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 17 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 14 If less than one day .hr. .min.

9. Birthplace Versailles Ky 1
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Logan Fleeroy
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Kizzie Crittenden
15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Victor M. Barker

(b) Address 54412 W. Baker Ave

17. (a) ~~Birth date~~ (b) Date thereof 2-5-43
(Month) (Day) (Year)

(c) Place: burial or interment Kennett City, Mo.

18. (a) Signature of funeral director Blater & Sons

(b) Address Kirkwood, Mo

19. (a) FEB 4 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St Louis 79
(If outside city or town limits, write "RURAL")
(d) Street No. 5411 Brown Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 17 1942 to Jan 31 1943
that I last saw him alive on Jan 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 3 mos
Due to

Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 D. W. Dungan, M.D. (M. D. or other)
Address 920 7 Jefferson Ave Date signed 2-1-43

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.....

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

Signed..... *Louis V. Atkins*

Licensed Embalmer No..... *2842*

P. O. Address..... *3644 Fruney*

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.