

ED. MAP 9 1943

Registration District No. 318

Primary Registration District No.

Registrar's 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 Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 mos. 11 days  
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bill Jones

3. (b) If veteran, name war..... 3. (c) Social Security No. unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Jones 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt 48 Months Days If less than one day hr. min.

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

10. Usual occupation Common Labourer

11. Industry or business.....

MOTHER FATHER  
12. Name Mose Jones  
13. Birthplace Mississippi  
(City, town or county) (State or foreign country)  
14. Maiden name Alice Burris  
15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Turner

(b) Address 1406 2nd Fallon St

17. (a) Burial Greenwood Cemetery (b) Date thereof 2. 24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atlas Bros

(b) Address 3644 Finney Ave

19. (a) FEB 23 1943 (b) J. J. Burdek  
(Date received local registrar) (Registrar's signature)

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. 1106 O'Fallon (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1943 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from September 8, 1942, to February 19, 1943;

that I last saw him alive on February 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Prob. Malignancy of Bladder (History) Duration 10 mos

Due to.....

Due to..... 57

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy Chr. Cystitis - Catarrh  
Chr. Pyelonephritis - non

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: calculus

(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) (b) Means of injury

23. Signature A. H. Fleet (M. D. or other) Address 2601 Whittier Date signed 2/20/43

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

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**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 H. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

**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.**