

FILED MAY 3 1943

Registration District No. **87E**

Primary Registration District No. **1003**

Registrar's No. **3788**

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:
2018A Allen Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(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. 2018A Allen Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Birtie Lee Jones

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Jones 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 11 22 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 5 1 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER
12. Name Robert Dotson
13. Birthplace Boss Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Viney Hedrick
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Jones

(b) Address 2018A Allen Ave.

17. (a) Motor (b) Date thereof 4/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) APR 23 1943 (b) J. R. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year _____ hour 7 minute 15 AM

21. I hereby certify that I attended the deceased from 8-1-42
_____, 19____, to 4-23, 1943
that I last saw her alive on 4-22-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Metastasis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 P. V. Brown (M. D. or other)
Address 2767 - Parkway Date signed 4-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Paul A. Keith

Licensed Embalmer No.

3612

P. O. Address

2317 Lafayette

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.