

S. No. 2
M-2.43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12320

State File No. _____

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 3901

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (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 7 days
 In this community 20 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
1211 N. 10th St.
 (If rural, give location)
 (d) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edna Jones

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

5. Color or race Female Negro 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased 7 - 10 - 1909
 (Month) (Day) (Year)

8. AGE: Years 33 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER { 12. Name unknown
 13. Birthplace unknown Tenn
 14. Maiden name Ida B Ford
 15. Birthplace ? Tenn

16. (a) Informant Idella Blackburn

(b) Address 1211 N. 10th St

17. (a) Burial (b) Date thereof 4-28-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Mary Wade

(b) Address 429 1/2 Jimmy Ave

19. (a) APR 27 1943 (b) J. F. Medek
 (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23, year 1943 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 16, 1943 to April 23, 1943
 that I last saw her alive on April 23, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema (Autopsy) abt. 12 hrs.
Diabetes Mellitus (History) Unk.

Due to _____
 Due to _____

Other conditions 61
 (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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clivia Moore (M. D. or other) _____
 Address 2001 Whittier Date signed 4/27/43

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

MAY 5 1981

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 S. J. Watson

Licensed Embalmer No. 269 f

P. O. Address 2769 Chautauque

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.