

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

APR 23 1943

Registration District No. _____

Primary Registration District No. 1002

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 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,
(If outside city or town limits, write "RURAL")
(d) Street No. 4309 Maffitt
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Janie Jones

3. (b) If veteran, name war _____ 3. (c) Full Security none

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

6. (b) Name of husband or wife Charlie Jones 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Mar. 17 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Jones
13. Birthplace Talliloo Miss
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Davis
15. Birthplace Talliloo Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Jones

(b) Address 4309 Maffitt

17. (a) Burial (b) Date thereof Apr. 16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2631 Cole St.

19. (a) APR 10 1943 (b) J. Z. Medick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12,
year 1943 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 9, 1943 to April 12, 1943, that I last saw her alive on April 12, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arterial Hypertension Duration Unknown

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage 3 days
(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 Alvin M. ... (M. D. or other) _____

Address 2301 Whittier Date signed 4/12/43

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..... *William Claude Gordon*
Licensed Embalmer No..... *3489*
P. O. Address..... *4575 Alhine*

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.