

Registration District No. **111 FD JUN 25 1943 18**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **ST LOUIS, MO.**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Enroute to Homer Phillips 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **011**  
(c) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **222 N COMPTON AVE**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **DORA JONES**

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

4. Sex **FEMALE** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **6-8-1895**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **0** Days **8** If less than one day hr. min.

9. Birthplace **CAPE GIRAUDA, MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business.....

12. Name **FRANK DAVIS**

13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

14. Maiden name **LOTTIE**

15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Cato**  
(b) Address **3226 Pine, St**

17. (a) **BURIAL** (b) Date thereof **6-19-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Bernie one**  
(b) Address **3103 Washington**

19. (a) **111** (b) **1943**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **16** year **1943** hour **5** minute **30 P** M.

21. I hereby certify that I attended the deceased from **May 26** 1942 to **June 16** 1943 that I last saw him alive on **June 13** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**  
**chronic Myocarditic**

Due to.....

Due to..... **92**

Other conditions **Hypertension**  
(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 **A Louis Schuchat** (M. D. or other) **0**  
Address **2200 Chestnut Ave** Date signed **6-16-43**

Duration  
? ?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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.**