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M-5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19739

FILED JUL 3 1948 318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5707

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4241 Kennerly Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4241 Kennerly Avenue
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ellen Jones

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Will 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. August 8, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 11 hr. min.

9. Birthplace. Arkadelphia Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name. Henry Phillips
13. Birthplace. Unavailable Arkansas /
(City, town, or county) (State or foreign country)
14. Maiden name. Unavailable
15. Birthplace. Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Agenes Smith
(b) Address. 4241 Kennerly Avenue

17. (a) Burial (b) Date thereof. 6/23/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JUN 22 1948 (b) J. F. Bedeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 20
1943, 19....., to June 19, 19 43
that I last saw h. or alive on June 19, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Emphysema 2 yr
infection

Due to.....
Other conditions Pneumonia - 1 yr
(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) (c) Means of injury.....
23. Signature..... (M. D. or other) 6/22/43
Address 2330a Franklin Avenue Date signed.....

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

STATEMENT BY LICENSED EMBALMER

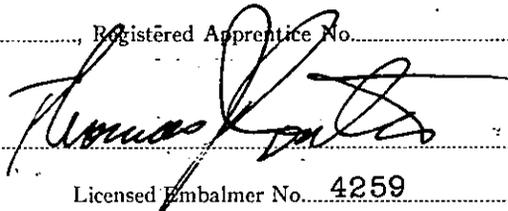
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**

P. O. Address. **4107 Finney Avenue**

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.