U. S. No. 2
10M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23144

FILED AUG 7 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6851

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

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 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DEACESED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 911
(d) Street No. 3919 Page Bl (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Jones 498-07-8265
3. (b) If veteran, name war No
3. (c) Social Security No. 498-07-8265
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Jones
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased July (Month) 19 (Day) 1915 (Year)
8. AGE: Years 28 Months 0 Days 8 If less than one day hr. min.
9. Birthplace Reform (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Butcher
11. Industry or business Independent Packing Co
FATHER 12. Name Jim Jones
FATHER 13. Birthplace Columbus (City, town, or county) Miss (State or foreign country)
MOTHER 14. Maiden name Rosa Conner
MOTHER 15. Birthplace Nancy (City, town, or county) Alabama (State or foreign country)
16. (a) Informant Helen Jones
(b) Address 3919 Page Blvd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-31-43 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Reform Alabama
18. (a) Signature of funeral director Manuel
(b) Address 405-9 Finney Ave
19. (a) JUL 29 1943 (Date received local registrar) J. J. Bleeke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, year 1943 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 5, 1943 to July 27, 1943; that I last saw him alive on July 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Miliary Tuberculosis — Duration Unk.
Lungs affected
Due to
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Celia Moore (M. D. or other)
Address 2601 Whittier Date signed 7-28-43

(Licensed Embalmer's Statement on Reverse Side)

## 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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 211

P. O. Address .....

**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.**