

FILED SEP 11 1943 318

Registration District No. _____

Primary Registration District No. _____

1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 4 mos. 3 days
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00017
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 921
(d) Street No. 2602 Pine St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frank Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased September 11, 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

MOTHER FATHER { 11. Industry or business Gus Jones

12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.
Anatomical Dept (c) Date thereof _____ (Month) (Day) (Year) 8/10/43
(Burial, cremation, or removal)

(c) Place: burial or cremation St. Louis, Mo

18. (a) Signature of funeral director W. R. Pugh

(b) Address _____
19. (a) AUG 30 1943 (Date received local registrar) 3809 Parkway (Registrar's signature) J. R. Brodeur

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4, year 1943 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, to August 4, 1943; that I last saw im alive on August 4, 1943 and that death occurred on the date and hour stated above

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

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? _____

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

23. Signature Alva Moore M. D. or other _____
Address 2601 Whittier Date signed 8/9/43

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.....

Licensed Embalmer No.....

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.