V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36531

FILED DEC 3 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 10229

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(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 (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 25

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1409 N. 14th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lottie JONES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife FRED JONES

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased AUG. (Month) 8th (Day) 1909 (Year)

8. AGE: Years 34 Months 3 Days 9 ~~12~~ If less than one day hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

FATHER
12. Name P.H. CLOWER
13. Birthplace ATLANTA (City, town, or county) GEORGIA (State or foreign country)

MOTHER
14. Maiden name MARY FERREL
15. Birthplace UNKNOWN (City, town, or county) MISS (State or foreign country)

16. (a) Informant FRED JONES
(b) Address 1409 N. 14th St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 / 23 / 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OAKDALE

18. (a) Signature of funeral director A. A. Burks
(b) Address 1600 So. 3rd St

19. (a) NOV 23 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
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 Thomas F. Callanan (M.D. or other)
Address Deputy Coroner Date signed 6-20-43

(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.....

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

working under my personal supervision.

Signed.....James A. Thomas.....

Licensed Embalmer No.....3522.....

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.