

FILED DEC 22 1943
 Registration District No. ST3

Primary Registration District No. 1003

Registrar's No. 10843

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

1. PLACE OF DEATH:
 (a) County St Louis
 (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 Hospital 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 25 yrs (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Fed Jones
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 496-12-3526

4. Sex Male 5. Color or Race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased Aug 5th 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace Lauder County Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Moving Van

12. Name George Jones

13. Birthplace Kemper County Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Emma Blanks

15. Birthplace Kemper County Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Jones

(b) Address 1114 N. Compton Ave

17. (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Pharalle Eason

(b) Address 3133 Bell Ave

19. (a) DEC 8 1943 (b) J F Beadeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 11
 (c) City or town St Louis 321
(If outside city or town limits, write "RURAL")
 (d) Street No. 1114 N. Compton Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th
 year 1943 hour 6:30 minute 0 M.
 21. I hereby certify that I attended the deceased from 12-6-43
 _____, 19____, to 12-6-43, 19____
 that I last saw him alive on 12-6-, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration not known
1st
 Due to _____
 Due to _____

Other conditions Rayons Glomerular Nephritis
(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 J. L. Winston (M. D. or other)
 Address 274 Franklin Date signed _____

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 *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.