

FILED MAY 20 1944

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **1039**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **One month** (Specify whether years, months or days)
In this community **One month** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4050 a Blaine ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Terrance Lee Jones

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 2 1942**
(Month) (Day) (Year)

8. AGE: Years **1** Months **5** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER

12. Name **Terrance Lee Jones**

13. Birthplace **Steelville, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Hernandez**

15. Birthplace **One land, Cuba**
(City, town, or county) (State or foreign country)

16. (a) Informant **Terrance Lee Jones**

(b) Address **4050 a Blaine ave St. Louis Mo**

17. (a) **Burial** (b) Date thereof **5-11-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palace Charles Park**

18. (a) Signature of funeral director **Blumstein Bros Inc**

(b) Address **250 W. Woodson Rd - Overland, Mo**

19. (a) **MAY 12 1944** (b) **E. G. Mc Gowan, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8** year **1944** hour **4** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **April 16** 1944, to **May 9** 1944.

that I last saw him alive on **7th of May** 1944, and that death occurred on the date and hour stated above.

Immediate cause of death **Hydrocephalus** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **1576**

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 **A. J. Merklin** (M. D. or ~~other~~)

Address **3507 Palomar** Date signed **5-9-44**

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo.*

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.