

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19868

State File No. \_\_\_\_\_  
 Registrar's No. **5412**

Registration District No. **318** Primary Registration District No. **1003**

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:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 mo-20 days**  
(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. **4330 Natural Bridge**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lorrain Jones**  
 3. (b) If veteran, name war **F No** 3. (c) Social Security No. **No**  
 4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **50** years  
 7. Birth date of deceased **June 11th 1897**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **14th**  
 year **1944** hour **8** minute **25** A. M.  
 21. I hereby certify that I attended the deceased from **4/25/44**  
 \_\_\_\_\_, 19 **44**, to **June 14th**, 19 **44**  
 that I last saw **her** alive on **June 14th**, 19 **44**  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**47** **0** **3** hr. min.

Immediate cause of death **Cerebro. vascular accident**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **822**  
(Include pregnancy within 3 months of death)

9. Birthplace **Cape Girardeau, Mo.** **0**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**  
 11. Industry or business **At Home**  
 12. Name **Hobbs**  
 13. Birthplace **Cape Girardeau, Mo.** **0**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Frances Brooks**  
 15. Birthplace **Unknown** **A**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autops **Not done**

16. (a) Informant **Charles Jones**  
 (b) Address **4330 Natural Bridge**  
 17. (a) **Motor** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Cape Girardeau, Mo.**  
 18. (a) Signature of funeral director **A. W. McLaughlin?**  
 (b) Address **2301 Lafayette Ave.**  
 19. (a) **JUN 15 1944** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_  
 23. Signature **Red Mad...** (of other) \_\_\_\_\_  
 Address **1515 Lafayette** Date signed **6/14/44**

MOTHER FATHER

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

**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

*L. P. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**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.**