

FILED JUL 26 1944

State File No.

Registration District No.

318

Primary Registration District No.

Registrar's No.

6407

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:
2913 A. Easton Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Rachels Jones

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Oscar Jones 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 15, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 0 hr. min.

9. Birthplace West Point Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Andrew Martin
13. Birthplace West Point Miss.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Matthew
(b) Address 2913 A. Easton Avenue

17. (a) Shipped (b) Date thereof July 21, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Point, Miss.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) JUL 20 1944 (b) J. F. Bralock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1291
(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 2913A. Easton ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day July
year 1944 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from
January 1, 1944 to July 15, 1944
that I last saw her alive on July 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pericarditis Duration 4 yrs

Due to Rheumatism

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 Dr. R. L. ... (M. D. or other)
Address 1003 Glasgow Date signed 7-17-44

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 *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Aldene*.....

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.