

v. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

15257

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 20 1945 318

Registration District No. .... Primary Registration District No. ....

Registrar's No. 4370

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:  
2647 Bernard Street  
(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)

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. 2647 Bernard Street  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emmitt Jones

3. (b) If veteran, name war..... 3. (c) Social Security No. 333-30-5803

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Francis Jones 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 2 190  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 0 12 hr. min.

9. Birthplace Marianna Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Smith & Rowland Chem. Co

12. Name Joe Jones

13. Birthplace Holly Springs Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Reece Bryant

15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Ila House

(b) Address 2307 Cole

17. (a) Removal (b) Date thereof May 19 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marianna, Ark.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) MAY 17 1945 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 14 1945 hour 6:14 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 8 to May 14, 1945; that I last saw him alive on May 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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. F. Bredbeck (M. D. or other)

Address 2310 Bond Street Date signed 5/15/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Joel Russell*

Licensed Embalmer No. ....

*742*

P. O. Address.....

*St. Louis*

**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.**