7. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22125

FILED AUG 3 1945

Registration District No. 818 Primary Registration District No. 1006 Registrar's No. 6471

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months 19 days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2847 Delmar
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jones
3. (b) If veteran, name war none
3. (c) Social Security No. none,
4. Sex 3 Female
5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude Jones,
6. (c) Age of husband or wife if alive years 27th, 1900.
7. Birth date of deceased Sept (Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Henderson, Ky. (City, town, or county) (State or foreign country)
10. Usual occupation House-wife, Domestic,
11. Industry or business
FATHER
12. Name Harroson Clarke,
13. Birthplace Kentucky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Walton,
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Claude Jones
(b) Address 2847 Delmar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director [illegible]
(b) Address 2812 Franklin St.
19. (a) JUL 25 1945 (Date received local registrar) (b) J. J. Bruscek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24, year 1945 hour 6 minute 15 A. M.
21. I hereby certify that I attended the deceased from March 5, 1945 to July 24, 1945; that I last saw her alive on July 24, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculous Spondylitis of thoracic spine	Unk.
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. E. Tisdale (M. D.)
Address 2601 Whittier Date signed 7/24/45

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed R. C. Houston Jr.

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St.

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.