V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1945

State File No. 35460

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9832

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (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. 2632 Bernard
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lee ~~Anna~~ Anna Jones

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Jones

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. (Month) 27 (Day) 1911 (Year)

8. AGE: Years 34 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name King Holliday
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Harriett Evans
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Joe Jones
(b) Address 2632 Bernard

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation East Home Lee Booker Washington

18. (a) Signature of funeral director [signature]
(b) Address 3517 Laclede Avenue

19. (a) NOV 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1945 hour 8 minute 18 P M.

21. I hereby certify that I attended the deceased from 10-31, 1945, to 11-10, 1945
that I last saw her alive on 11-10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension with Uremia	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

132.2

Major findings:
Of operations
Of autopsy NO

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 H. J. Erwin (M.D. or other)
Address 2601 N Whittier Date signed 11/13/45

(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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed W. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.