S. No. 2
M—5-43
. 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

35463

State File No.

FILED DEC 7 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10343

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: Pronounced dead at ~~2617 Lucas Ave~~ HOMER G. PHILLIPS HOSP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — 3 (Specify whether

In this community Over 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2617 Lucas (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Matilda Jones

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex F. 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced M. 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov 26 — ? (Month) (Day) (Year)

8. AGE: Years About 53 | Months | Days | If less than one day hr. min.

9. Birthplace Lenark (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace La 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Johnson
15. Birthplace La. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Jones

(b) Address 2617 Lucas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)

(c) Place: burial or cremation Terrell Texas

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave

19. (a) NOV 29 1945 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th year 1945 hour 8:55 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Arthur E. Myles (M. D. or other)

Address Dy Co Date signed 11/27/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address City

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.