

FILED FEB 31 1946

Primary Registration District No. **1003**

Registrar's No. **1038**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(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: Saint Louis Maternity Hospital
(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 Inafnt Female Jones
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 31, 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 15 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Everett Jones
13. Birthplace Meridan, Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Memie Harrison
15. Birthplace Columbus, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity
(b) Address 630 S. Kingshighway

17. (a) Burial (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Putzner

19. (a) J. G. Breeseck (Registrar's signature)
(Date of registration) JAN 31 1946

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11 17
(d) Street No. 4294 W. Evans (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) (X)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1945 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from 12-31-45
@ 4:05 PM, 19____, to 4:15 PM 12-31, 1945
that I last saw h. a. m. alive on 12-31-, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Atelectasis

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

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 W. N. Masters (M. D. or other) (X)
Address 630 N. Kingshighway Date signed 1-1-46

WRITE PLAINLY--USE UNFADING INK--MAKE A PERMANENT RECORD

100855

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.....

Licensed Embalmer No.....

P. O. Address.....

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.