

**FILED** JAN 25 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **580**

1. PLACE OF DEATH:  
 (a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
7731 McMillan  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County None  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4731 Mc Millan Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? None (Yes or No)  
 If yes, name country No

3. (a) PRINT FULL NAME Hattie Jones  
 (b) If veteran, name war None  
 (c) Social Security No. 500-24-6567

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 17th.  
 year 1946 hour 12 minute 58 A. M.

4. Sex Female 5. Color or race Colored  
 6. (a) Single, married, divorced Married  
 (b) Name of husband or wife Leonard Jones  
 (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased: June (Month) 23 (Day) 1897 (Year)

21. I hereby certify that I attended the deceased from Jan. - 12th  
1946 to Jan. - 17th - 1946  
 that I last saw her alive on Jan. - 17th - 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 6 Days 24  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Gastric Ulcers  
 Duration Jan. - 12th - 1946 to Jan. - 17th - 1946  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Brighton, Tenn. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 10. Usual occupation Housewife

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business None  
 12. Name William Henry Brown  
 13. Birthplace Brighton, Tenn. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name Maggie Small  
 15. Birthplace Brighton, Tenn. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

PHYSICIAN  
 Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy None  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lionel Jones  
 (b) Address 4731 7/2 McMillan  
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-20-46 (Month) (Day) (Year)  
 (c) Place: burial or cremation Covington, Tenn.

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? \_\_\_\_\_ (z) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director C. J. Nash  
 (b) Address 387 7/2 Page Blvd  
 19. (a) JAN 18 1946 (Date received local registration) (b) J. P. Breuck (Registrar's signature)

23. Signature C. J. Nash (M. D. or other) \_\_\_\_\_  
 Address 1046a N. Grandin Date signed 1-17-46

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

2867

**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..... *C. J. Nash* .....

Licensed Embalmer No. *2432* .....

P. O. Address *3847 Payne 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.