

S. No. 2
OM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **468**

FILED FEB 7 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **852**

1. PLACE OF DEATH:

(a) ~~Campus~~ **2735 LaSalle Street**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
2735 LaSalle St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 Years**
 In this community **5 Years**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
 (c) City or town **ST. LOUIS** **02**
 (If outside city or town limits, write "RURAL") **17**
 (d) Street No. **2735 LA SALLE ST.** **9**
 (If rural, give location) **10**
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **MRS. Lillie Jones**
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **20**
 year **1946** hour **8** minute **P. M.**
 21. I hereby certify that I attended the deceased from **12/1/1940**
~~1-20~~ **1-20** to **1-20** 19**46**
 that I last saw her alive on **1-20** 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **Col**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **KING JONES**
 6. (c) Age of husband or wife if alive **81** years
 7. Birth date of deceased **9 13 1873**
 (Month) (Day) (Year)

Immediate cause of death **Heart. Hypertensive** **3 years**
 Duration:
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

8. AGE: Years **72** Months **4** Days **7**
 If less than one day hr. min.
 9. Birthplace **Pickings County, ALA.**
 (City, town or county) (State or foreign country)
 10. Usual occupation **HOUSE WIFE**

11. Industry or business
 12. Name **DAN CLARK**
 13. Birthplace **LOUISVILLE KENTUCKY**
 (City, town, or county) (State or foreign country)
 14. Maiden name **MARY WINDOWN**
 15. Birthplace **ALA**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **MARY SPINSON**
 (b) Address **2735 LA SALLE STREET**
 17. (a) **BURIAL** (b) Date thereof **JAN 24 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington Park Cemetery**
 18. (a) Signature of funeral director **Bus Lowe**
 (b) Address **2936 Dickson St**
 19. (a) **JAN 26 1946** (b) **J. F. Bredek**
 (Date received local registrar) (Registrar's signature)

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 **J. R. Walker** (M. D. or other) **MA.**
 Address **802 E. N. Jefferson** Date signed **1-26/46**

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

2668

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. 33710

..... P. O. Address St. Louis

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.