

FILED MAR 7 1946
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Registration District No. _____ Primary Registration District No. **1005** Registrar's No. **1958**

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)

3. (a) PRINT **Daniel Jones**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Unk**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unk** years
 7. Birth date of deceased **Unk** (Month) (Day) (Year)

8. AGE: **abt** - Years **60** Months **?** Days **?** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **"** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **"** (City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Hardiman**
 (b) Address **2601 N Whittier**

17. (a) **Anatomical** (b) Date there **2-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **W. Phillips**

(b) Address **2601 N Whittier**

19. (a) **FEB 27 1946** (Date received local Registrar's certificate) **J. F. Braddock** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **21/7**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2601 Pine St** **9**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22**
 year **1946** hour **11** minute **5 A** M.

21. I hereby certify that I attended the deceased from **Feb. 17** 19.46 to **Feb. 22** 19.46;
 that I last saw him alive on **Feb. 22** 19.46;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **Unk**

Due to _____

Due to _____

Other conditions **Unknown**
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. J. Ayer** (M. D. or other) **0**

Address: **2601 N Whittier** Date signed **2/25/46**

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

6556

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.