

FILED MAY 2 1946

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **3782**

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

1. PLACE OF DEATH:

(a) County..... St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4421 Maffitt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community over 20 yrs

3. (a) PRINT FULL NAME Lula Jones

3. (b) If veteran, name war..... NO

3. (c) Social Security No. —

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Willie Oscar Jones 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years About 65 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Hot Springs, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER

11. Industry or business _____

12. Name unknown Koffman

13. Birthplace Ark
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Willie O. Jones

(b) Address 4421 Maffitt

17. (a) Burial (b) Date thereof 4-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Park

18. (a) Signature of funeral director..... A. B. Beal

(b) Address 2726 Lusk Ave

19. (a) Apr 25 1946 (b) J. F. Braddock
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County —

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

(d) Street No. 4421 Maffitt
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1946 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from April 21, 1946 to April 21, 1946

that I last saw him alive on April 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to hypertension

Due to hypertension

Other conditions (include pregnancy within 3 months of death) 1/21

Duration: 1 hr

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature S. E. Meador (M. D. or other) _____

Address 809 N. Jefferson Date signed 4/24/46

Hand

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 Vova
Thompson, Registered Apprentice No. 395
working under my personal supervision.

Signed Francis E. Woodson
Licensed Embalmer No. 4341
P. O. Address St. Louis, Mo.

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.