

1. PLACE OF DEATH:
 (a) County Saint Louis
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Stella Jones
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 3 **5. Color or race** Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John H. Jones
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased November 14 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Tuplo Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Charles Balwin

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

14. Maiden name JONES

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

16. (a) Informant John H. Jones

(b) Address 4218 E. Garfield

17. (a) Burial Burial **(b) Date thereof** 7 & / 8 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cemet.

18. (a) Signature of funeral director Blum Funeral Home

(b) Address 215 S. Jefferson Ave.

19. (a) JUL 8 1946 J. T. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
 (a) State _____ (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4218 Garfield
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 18 46 to July 3 46
 that I last saw h. er alive on July 3 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Fra Advanced Pulmonary Tuberculosis
 Duration Undet.

Due to _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy W

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? _____

23. Signature U. M. Helmsford **(Specify type of place)** _____
(M. D. or other)

Address 2601 W. Whittier **Date signed** _____

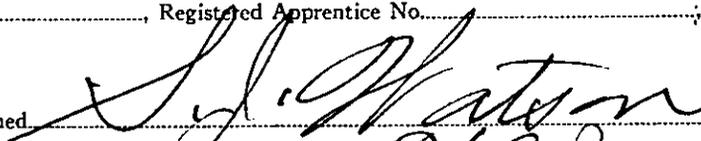
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 2698

P. O. Address 2769 Charlotte

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.