

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10567**

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 **13 days**  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME **HENRY JONES**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. **492-01-0166**

4. Sex **Male** 5. Color or race **Col**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Leona Jones**  
 6. (c) Age of husband or wife if alive **47** years  
 7. Birth date of deceased **July 22nd, 1899**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**47** **5** **19** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Chainer**

11. Industry or business **Scullin Steel Co**

12. Name **Willis Jones**  
 13. Birthplace **Columbus Miss.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Laura Wilson**  
 15. Birthplace **Columbus Miss.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Leona Jones**  
 (b) Address **2608 Gamble St.**

17. (a) **Shipped** (b) Date thereof **12--14-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Columbus Miss.**

18. (a) Signature of funeral director **Ellis Fun, Home**  
 (b) Address **2320 Stoddard St.**

19. (a) **DEC 12 1946** (b) **J. F. Bredek**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis** **2 / 17**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2608 Gamble**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec.** day **10**  
 year **1946** hour **7** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Nov. 27, 1946**, to **Dec. 10, 1946**  
 that I last saw him alive on **December 10, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Psychosis 2. Pulmonary Congestion Undet. Prostate, Hyperplasia - Nodular**  
~~poor with Uremia~~

Duration  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other conditions **None**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **Yes**  
 \_\_\_\_\_

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 \_\_\_\_\_  
 Signature **H. J. Cron** (M. D. of owner)  
 Address **2601 Whittier** Date signed **12/10/46**

MOTHER FATHER

MAR 19 1947

**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

*L. Boy*

Registered Apprentice No. *my*

working under my personal supervision.

Signed

*Romnie Boylain*

Licensed Embalmer No. *294*

P. O. Address *St Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**