. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6508

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1670

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: Homer G. Phillips (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: 27 YEARS

2. USUAL RESIDENCE OF DEACEASED:

(a) State: Mo (b) County: 0-0 27 17

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

(d) Street No.: 1106 a N. 20th St (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Virginia A. Jones

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

4. Sex: F 3 5. Color or race: Col 6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: — 6. (c) Age of husband or wife if alive: 1898 years

7. Birth date of deceased: MAY (Month) 14 (Day) ~~1897~~ (Year)

8. AGE: Years ~~48 52~~ Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation: Maid

11. Industry or business:

12. Name: Dave Barkins

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

14. Maiden name: Minnie Hicks

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

16. (a) Informant: Cherry Miller

(b) Address: 1415 Blair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cem.

18. (a) Signature of funeral director: F. A. Green

(b) Address: 2915 Franklin Ave.

19. (a) FEB 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 15 year: 1947 hour: 6 minute: 45 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury: 2

23. Signature: [illegible] (M. D. or other)

Address: Deputy Coroner Date signed: 2/18/47

(Licensed Embalmer's Statement on Reverse Side)

Cert. Recd 2/24/47 Hellen Stalb

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. 2963

P. O. Address. 2915 Franklin av

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of City St. Louis } ss.

State File No.
Local Registrar's No. 1670

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24 day of Feb, 1947 before me appears F. A. Green, who, upon his oath, states that the original record of ~~birth~~ death for Virginia Jones, died ~~born~~ 2-15, 1947 in the State of Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 7 should read 5-14-1898 (1898)
Instead of 5-14-1894
Item No. 8 should read age 48
Instead of 52.
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant F. A. Green Funeral direc.
Relationship.

2915 Franklin
Present Address.

Subscribed and sworn to before me this 24 day of Feb, 1947.

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

...ts containing erasures will not be accepted; draw one line through error and write above it.

S-6508