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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11058

Registrar's No. 2725

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution Less than 24 hrs (Specify whether

In this community Over 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 95 000

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

(d) Street No. 911 N. 16 St.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MYRTLE 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 M 1

6. (b) Name of husband or wife William Jones

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July (Month) 29 (Day) (Year)

8. AGE: Years About 64 | Months | Days | If less than one day hr. min.

9. Birthplace Lebanon, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Robert Eldridge
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Fischer
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William Jones
(b) Address 911 N. 16 Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas

19. (a) MAR 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day ~~7th~~ 7th year 1947 hour 1.40 minute 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.

Immediate cause of death Cardio Vascular Renal Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

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 Patrick E. Taylor (~~M. D. or other~~)

Address Deputy Coroner Date signed 3-14-47

(Licensed Embalmer's Statement on Reverse Side)

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 Vera Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 4738 A Vernon

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.