

FILED JUN 13 1947  
318  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5411**

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.....  
(Specify whether years, months or days) **45yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

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

(d) Street No. **2114 Chestnut Street**  
(If rural, give location) **21**

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Fred Jones**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **30** year **1947** hour **9** minute **25** P.M.

4. Sex **M** 2- Color or race **cal.**

5. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ella**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Jan 16th 1871**  
(Month) (Day) (Year)

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

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>4</b>	<b>14</b>	..... hr. .... min.

Due to **Cerebral Gout**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) **82-**

9. Birthplace **Mobile Ala**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause of death which should be charged statistically.

11. Industry or business.....

12. Name **Eli Jones**

13. Birthplace **unk Ala**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alabama Smith**

15. Birthplace **Mobile Ala**  
(City, town, or county) (State or foreign country)

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.....

23. Signature **J. F. Bradeau** (M. D. or other) **3**  
Address..... Date signed **5/31/47**

16. (a) Informant **Rev Frank H. Jones**

(b) Address **4229 W. Garfield Ave**

17. (a) **burial** (b) Date thereof **6-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. H. Randle & Son**

(b) Address **3132 Bell Avenue**

19. (a) Date received local registrar **JUN 1 1947** (b) **J. F. Bradeau**  
(Date received local registrar) (Registrar's signature)

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

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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

*S. J. Watson*

Licensed Embalmer No.

*2698*

P. O. Address

*2719 Chouteau*

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.