No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22371

Registrar's No. 6304

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 17 days (Specify whether years, months or days)

In this community about 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 203 S. Garrison 9
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME: Corrine Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Albert Jones

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: March (Month) 25 (Day) 1898 (Year)

8. AGE: Years 49 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace: Columbia, Tennessee 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Steele
13. Birthplace: Columbia, Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Marie Neeley
15. Birthplace: Columbia, Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Albert Jones
(b) Address: 203 N. Garrison Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia, Tennessee

18. (a) Signature of funeral director: Chas. J. Gates
(b) Address: 4107 Finney Avenue

19. (a) JUL 2 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1947 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 12, 1947, to June 29, 1947, that I last saw her alive on June 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: No

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Leon B. Williams (M. D. or other)
Address: 2601 N Whittier Date signed: 6/30/47

Jefferson City Printing Co.

(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 John K. Cunningham Registered Apprentice No. 452, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.