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 JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22376

Registrar's No. 5852

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)

In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 4425 W Belle
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Labon Jones

3. (b) If veteran, name war: None

3. (c) Social Security No.: 492-03-5637

4. Sex: Male

5. Color or race: Col

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

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

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

7. Birth date of deceased: Feb. (Month) 14 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	3	28	hr. min.

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

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Wade Jones
13. Birthplace: Texas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Berrie Reed
15. Birthplace: Texas
(City, town, or county) (State or foreign country)

16. (a) Informant: Susie Jones
(b) Address: 4425 W. Belle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter's Cem.

18. (a) Signature of funeral director: C. J. Nash
(b) Address: 3847 Page

19. (a) JUN 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1947 hour 10 minute 15 P.M.

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

Immediate cause of death	Duration
Degenerative Heart Disease with Decompensation	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

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

23. Signature: Edwin B. Williams (M. D. or other)
Address: 2601 N Whittier Date signed: 6/14/47

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 Claudie M. Nash Registered Apprentice No. 424 working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.