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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25692

FILED AUG 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7129

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 4 yrs. 8 mos. (Specify whether years, months or days)

In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

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

(d) Street No. ~~3916 Fairfax~~ City Sanitarium
(If rural, give location)

20 days 3 0

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

If yes, name country

3. (a) PRINT FULL NAME JONES: ANNIE (COLEMAN)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. 2

5. Color or race col.

6. (a) Single, widowed, married, divorced Mar. 1

6. (b) Name of husband or wife Will Coleman

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

7. Birth date of deceased 9 (Month) 1 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	10	8	hr. min.

9. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Eddie Gunner
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lula ?
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. C. Davenport
(b) Address 5400 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 7-16-47 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) JUL 31 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th. year 1947 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from Apr. 1st 1946, 19..., to July 9th, 1947, that I last saw her alive on July 9th, 1947, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho - Pneumonia	4 da
Due to: Encephalo - Malacia	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 8 3 C	
Major findings: Of operations	
Of autopsy	

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)

Where at work? (e) Means of injury 0

Signature (M. D. or other)

Address 5400 Arsenal St. Date signed 7/10/47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.