No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25695

FILED AUG 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7105

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

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. 1420 N 15th St 9
25 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel Jones
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 8 1947
(Month) (Day) (Year)

8. AGE: Years | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Frank Davis 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christine Jones 0
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier St
17. (a) Statistical Board (b) Date thereof 7-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director W Rifleter
(b) Address 3560 Kitson St
19. (a) JUL 31 1947 (b) J. F. Bradlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1947 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from July 2, 1947, to July 8, 1947
that I last saw him alive on July 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia, Bilateral	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Theodore Glenn (M. D. or other)
Address 2601 N Whittier Date signed 7/9/47

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.