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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29180

FILED SEP 8 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8319

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 5 yrs.
years, months or days)

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. 1321 Franklin 9
(If rural, give location)

25 0

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

If yes, name country

3. (a) PRINT FULL NAME Lerether Jones

3. (b) If veteran, name war

3. (c) Social Security No. 493-24-5260

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Eddie Jones

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased April (Month) 22 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	4	6	hr. min.

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

10. Usual occupation Nil

11. Industry or business Housework

FATHER
12. Name Perry Young
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lether McDowell
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant EDD JOHN
(b) Address 1321 Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 1 47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Howell Wd Co.
(b) Address 2834 Gamble

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1947 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug. 5, 1947, to Aug. 28, 1947
that I last saw her alive on Aug. 28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Tuberculosis	Undet.
Due to	
Due to	
Other conditions No (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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 John B. Clayton (M. D. or other)

Address 2601 N Whittier Date signed 8/29/47

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 [illegible] Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.