S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35906

FILED NOV 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9969

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 48 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. 2925 Dayton Ave 9
(If rural, give location)

21 0

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

If yes, name country

3. (a) PRINT FULL NAME Vera Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband or wife Wilbert

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July (Month) 23 (Day) 1913 (Year)

8. AGE: Years 34 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Pine Bluff (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Will Belon
13. Birthplace Warren (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Roberta Streeter
15. Birthplace Thornton (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Roberta Fancher
(b) Address 15 Inman St Eureka Springs

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell ave

19. (a) OCT 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1947 hour 9 minute 28 P M.

21. I hereby certify that I attended the deceased from Sept. 6, 1947, to Oct. 24, 1947
that I last saw her alive on Oct. 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix	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 (1)

23. Signature John B Martin (M. D. or other)

Address 2601 N Whittier St Date signed 10/27/47

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shoreham Ave

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.