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ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6555

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 1671

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 4450 Arco
(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 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4450 Arco Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ITHEL LUCILLE JONES
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Berlyn 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 7 (Day) 1919 (Year)

8. AGE: Years 29 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Dillard (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Fate Sullivan
13. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Della Hanson
15. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Della Bentley
(b) Address 4450 Arco Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bielick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17 year 1948 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from 1940 to 2-17- 1948; that I last saw her alive on 2-17- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tbc.	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
While at work? (e) Means of injury

23. Signature Albert Kaplan (M. D. or other)
Address 607 N. Grand Date signed 2-18-48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.