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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10329

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2703

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

00 17 9

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 Phillips 0
(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

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

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

(d) Street No. 4550 Enright Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 1, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 14 If less than one day 7 hr. 55 min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Irving

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

MOTHER 14. Maiden name Martha Lee

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

16. (a) Informant

(b) Address 4550 Enright Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem. Russell Und., Co.

18. (a) Signature of funeral director

(b) Address 2732 Pine Street

19. (a) MAR 18 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1948 hour 755 minute a. M.

21. I hereby certify that I attended the deceased from 3-8-, 1948 to 3-14-, 1948 that I last saw her alive on 3-14-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Interstitial Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN Underline the cause to 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 Dr Edward Bell (M. D. or other) MD

Address 2901 Laclede Ave Date signed 3-16-48

(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.....Clark Young

Licensed Embalmer No.....3371

P. O. Address.....St. Louis

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.