. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14277

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3886

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 2230 Chouteau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 210
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2230 Chouteau Ave 9
(If rural, give location)
22
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

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

4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Sam Jones
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 3 (Month) 20 (Day) 1858 (Year)

8. AGE: Years 90 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Tuscaloosa Ala (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Clim Crawford
13. Birthplace Ala (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Roster
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Haidwrict
(b) Address 2230 Chouteau Ave
17. (a) Removal By Rail (Burial, cremation, or removal) (b) Date thereof 4-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Tuscaloosa Ala
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) APR 24 1948 (Date received local registrar) (b) J. F. Brelsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21st year 1948 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from April 7th 1948 to 21st April 1948 that I last saw her alive on 21st April 1948 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease — Duration 6 years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93
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 0
23. Signature W. L. Beaton (M. D. or other)
Address 2743 Franklin ave Date signed

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.