FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21016

Primary Registration District No. 1003

Registrar's No. 6085

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (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 12 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1420 N 15th Street (rear) (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~Nellie Jones~~ Nettie Jones

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

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

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

7. Birth date of deceased Aug. (Month) 15th (Day) 1900 (Year)

8. AGE: Years (47) Months 10 Days 20 If less than one day hr. min.

9. Birthplace Pierce Station (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Housework

11. Industry or business ----

12. Name Henry Morris

13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

14. Maiden name Lucy ---- Unk.

15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Carl Jones Jr.

(b) Address 1420 N. 15th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Bussack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour 5 minute 40 a M.

21. I hereby certify that I attended the deceased from June 23, 1948 to July 5, 1948 that I last saw her alive on July 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis —	
Generalized (2) Lungs - Congestion	
(3) Kidneys, Nephrosclerosis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Notes

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 Oscar L Daniels (M. D. or other)

Address 2601 N Whittier Date signed 7/6/48

(Licensed Embalmer's Statement on Reverse Side)

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

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

John K. Cunningham, Registered Apprentice No.

working under my personal supervision.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6085

On this 26th day of July, 1948, before me appears Charles Gates Jr., who, upon His oath, states that the original record of ~~birth~~ death for Nettie Jones, died ~~born~~ July 5th, 1948, in the State of Missouri, and which was filed at St. Louis Mo on July 9th, 1948, should be corrected as follows:

Item No. 3-A should read Nettie Jones

Instead of Nellie Jones.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chas J Gates Jr Funeral Director
Relationship.

4107 Finney Ave.
Present Address.

Subscribed and sworn to before me this 26 day of July, 1948

My Commission expires 3-4-49

Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—4-43
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