FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21019

Registration District No. FILED JUL 15 1948 318

Primary Registration District No. 1003

Registrar's No. 6060

1. PLACE OF DEATH:
(a) County MO
(b) City or town ST. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Homer Phillips Hospital 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2710 Locust. St. 9
(If rural, give location)
21.— 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Jones
3. (b) If veteran, name war
3. (c) Social Security No. 489-22-0237
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Rebecca Jones
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Aug (Month) 15 (Day) 1897 (Year)

8. AGE: Years 50 Months 10 Days 20 If less than one day hr. min.

9. Birthplace MT. Pleasant Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name UNKNOWN 9
13. Birthplace UNKNOWN 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
16. (a) Informant Rebecca Jones
(b) Address 2710 Locust. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director W. Robinson & Sons
(b) Address 2216 Dickson St.
19. (a) (Date received) JUL 8 1948 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 94
Major findings:
Of operations
Of autopsy

Duration

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 Calvin E. Taylor 3 (M.D. or other)
Address Dyer signed 7/7/48

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 Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton (

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

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