

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **27871**
Registrar's No. **7352**

WRITE PLAINLY—USE 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:
1404 N. 22nd Street, rear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **1 year**
(Specify whether years, months or days)

3. (a) PRINT **Eliza Jones**
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **March 1 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 19 hr. min.

9. Birthplace **LaGrange Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business.....

MOTHER FATHER { 12. Name **unknown unknown**
13. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Saddler**
15. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **David Jones**
(b) Address **1404 N. 22nd Street**
Burial
17. (a) (Burial, cremation, or removal) (b) Date thereof **8-23-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park Cemetery**

18. (a) Signature of funeral director **Ellis Funeral Home**
(b) Address **2820 Stoddard St.**
19. (a) **AUG 21 1948** (b) **J. T. Brudeck**
(Date received local registrar) (Registrar's signature)

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. **1404 N. 22nd Street, rear**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** 20
year **1948** hour **2 10** minute **P**
21. I hereby certify that I attended the deceased from **Feb 20, 1948**
to **Aug 20 1948**
that I last saw **he** alive on **8-20** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

MYOCARDITIS CHR.

ARTERIO SCLEROSIS

HYPER TENSION

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e). Means of injury.....

23. Signature **M. G. Bierman** (M. D. or other) **MD**
Address **2335 Franklin** Date signed.....

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13 Mo.

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.