

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27877

FILED SEP 13 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7740

1. PLACE OF DEATH:

(a) County St Louis
(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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo; 16 days
(Specify whether
in this community 20 yrs
years, months or days)

3: (a) PRINT FULL NAME Will Jones

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 5 If less than one day hr. mid.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name Buck Jones
13. Birthplace Columbus Miss
(City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Columbus Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Sutton
(b) Address 2340 Market Street

17. (a) Burial (b) Date thereof 9 - 3 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bradeau
(b) Address 3517 Laclede Ave

19. (a) SEP 2 1948 (b) J. F. Bradeau
(Date received local registrar's certificate) (Registrar's signature)

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. 1814 Papin 9
(If rural, give location)
(e) Citizen of foreign country? 22 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from July 14, 48 to August 30, 1948
that I last saw him alive on August 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis Duration Unk
Diabetes Mellitus Unk

Due to 61

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 61
Of autopsy 61
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? S.O. Kinross (e) Means of injury

23. Signature S.O. Kinross (M. D. or other)
Address 2601 N Whittier St Date signed 8-30-48

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.

Signature Edgar H. Green

Licensed Embalmer No. 4521

P. O. Address 3517 Laurel 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.