

FILED NOV 6 1948 318

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
 (Specify whether years, months or days)

3: (a) PRINT FULL NAME Ed Jones
 3. (b) If veteran, name war None
 3. (c) Social Security No. 496-22-2459-A

4. Sex Male 2 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pearl Jones
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 1, 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 23 hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Jones
 (b) Address 3054 (Rear) Thomas St.
 17. (a) Burial (b) Date thereof 10/29/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
 (b) Address 1416 N. Taylor Ave
 19. (a) OCT 27 1948 (b) J. B. Luster
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3054 Thomas 11
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 24
 year 1948 hour 7 minute 15 p. M.
 21. I hereby certify that I attended the deceased from Sept. 27 19 48 to Oct. 24 19 48
 that I last saw him alive on Oct. 24 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectal Sigmoid with Metastasis to Peritoneum and Liver
 Duration Undet.

Due to _____
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy No
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Chas. Frazier (M. D. or other) _____
 Address 2601 N Whittier Date signed 10/25/48

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

MOTHER FATHER

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 Stennis 13, Ms

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.