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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38291

Registrar's No. 10318

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: 2806 DelMAR Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County — 000

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2806 DelMAR (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME VERINA JONES

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife CHARLES JONES

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

7. Birth date of deceased 2 (Month) 13 (Day) 1899 (Year)

8. AGE: Years 49 Months 9 Days 12 If less than one day hr. min.

9. Birthplace LYONS (City, town, or county) MISSISSIPPI (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business —

FATHER
12. Name JOHN HARDY
13. Birthplace MISSISSIPPI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELLA TATE
15. Birthplace MISSISSIPPI (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES JONES

(b) Address 2806 DelMAR Blvd.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 29 (Day) 1948 (Year)

(c) Place: burial or cremation WASHINGTON PARK EST LOUIS TN

18. (a) Signature of funeral director PEOPLES UND. CO.

(b) Address 3100 FRANKLIN AVENUE

19. (a) NOV 28 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 1948 hour 8:00 minute 00 M.

21. I hereby certify that I attended the deceased from Sept. 22, 1947, 19 , to Nov. 24, 1948, that I last saw her alive on Nov. 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions Cerebral Apoplexy (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Franklin P. Levrey (M. D. or other)

Address 1631 Franklin Ave Date signed 11/27/48

(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 John G. Pettus

Licensed Embalmer No. 4184

P. O. Address St. Louis 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.