

FILED FEB 14 1949

State File No. 926

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 212 SO. 23. ST	

3. NAME OF DECEASED (Type or Print) a. (First) Edna	b. (Middle)	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1949
--	-------------	------------------------	---

5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4/6/1928	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 12 HRS. Hours Min.
-------------------------	------------------------------------	--	-------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State foreign country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME W O E L O V E	13b. MOTHER'S MAIDEN NAME W U E L L A R O V E J O N E S	14. NAME OF HUSBAND OR WIFE N O N E
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME K W I E L L A H O V E J O N E S	ADDRESS 2710 MILLS
--	-------------------------	---	------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LUNGS - Congestion & Edema		
	ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) Undetermined		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		None	

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **1-21**, 19**49**, to **1-25**, 19**49**, that I last saw the deceased alive on **1-25**, 19**49**, and that death occurred, at **5:50 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Oscar L Daniels	(Degree or title) M. D.	23b. ADDRESS 2601 N Whittier	23c. DATE SIGNED 1/26/49
--	-----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1/31/49	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. JAN 31 1949	REGISTRAR'S SIGNATURE J. B. Pasator	25. FUNERAL DIRECTOR'S SIGNATURE Oscar Daniels	ADDRESS 3506 Franklin
--	---	--	---------------------------------

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

22

M.C.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James P. Hall

Licensed Embalmer No. *4441*

P. O. Address *2829 Washington*

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.