No. 300
10.48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10235

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2703

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 17 9
d. STREET ADDRESS (If rural, give location): 1535A Franklin N. Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) E c. (Last) Jones
4. DATE OF DEATH (Month) March (Day) 22 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: 9-14-1881
9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Rock Island Ill
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: UNKNOWN.
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Ellen Jones ADDRESS: 1535a Franklin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis (Caseo-pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1949, *to* 3-22, 1949, *that I last saw the deceased alive on* 3-22, 1949 *and that death occurred at* 3 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 St
23c. DATE SIGNED: 3-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-49
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REGISTRAR: MAR 25 1949
REGISTRAR'S SIGNATURE: J B Lancaster
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Bernie Love 3103 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed W. Claude Gordon

Signed .....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldi

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.