No. 300
10.48

APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14427

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3088

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2259
d. STREET ADDRESS (If rural, give location) 1420 N 15th St 8

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Lee c. (Last) Jones

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/18/23
9. AGE (In years last birthday) 28 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Unknown, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chester Tucker
13b. MOTHER'S MAIDEN NAME Lula Unknown
14. NAME OF HUSBAND OR WIFE Carl Jones

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.
17. INFORMANT'S SIGNATURE OR NAME Carl Jones, 1420 N. 15th Street ADDRESS

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pelvic Abscess (Non-venereal) — Undet.
DUE TO (c) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uterus - surgical incision and involution

19a. DATE OF OPERATION 3-16-52
19b. MAJOR FINDINGS OF OPERATION Caesarean
20. AUTOPSY? YES [X] 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? 6605

22. *I hereby certify that I attended the deceased from* 3-16, 1952, *to* 3-31, 1952, *that I last saw the deceased alive on* 3-31, 1952, *and that death occurred at* 3:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE Clarence M Turner (Degree or title) M. D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE 4/7/52
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.
24d. LOCATION (City, town, or county) St. Louis Co., (State) Missouri

DATE REC'D BY LOCAL REG. APR 2 1952
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates ADDRESS 4107 Finney Avenue
m 83 (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.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4259

P. O. Address 4107

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.