

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24763

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6872

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 40 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips		e. CITY OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) ZANNIE		4. DATE OF DEATH (Month) (Day) (Year) Jul. 21, 1954	
a. (First)		b. (Middle) NMI	
c. (Last) JONES		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 28, 1899		9. AGE (In years) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	
11. BIRTHPLACE (City and State or Foreign Country) Memphis Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unavailable		13b. MOTHER'S MAIDEN NAME Unavailable	
14. NAME OF HUSBAND OR WIFE Sid		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sid Jones	
ADDRESS 315 South Montrose		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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heat exhaustion</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:30 AM</i> ; from the causes and on the date stated above. <i>46</i>			
23a. SIGNATURE <i>Robert J. Green</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>7/24/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 24, 1954	
24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Centerville Illinois	
DATE REC'D BY LOCAL REG. JUL 24 1954		REGISTRAR'S SIGNATURE <i>J. E. Smith md</i>	
25 FUNERAL DIRECTOR'S SIGNATURE <i>R. M. Green</i>		ADDRESS 4060 Washington	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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. ~~330~~ working under my personal supervision..

Student Maria Green
Signature of Student Embalmer

Signed E. H. Green

Licensed Embalmer No. 330

P. O. Address 4060 2nd

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.