

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9255
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County..... Registration District No..... **1003**
 (b) Township..... Primary Registration District No.....
 (c) City..... **St. Louis** (d) Street No. **2601** N Whittier St.
 (e) Length of residence in city or town where death occurred **life** (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME..... **Frank Jones 520**
 (a) Residence, No. **2921 Franklin** St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		Birdie Jones		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1868				
7. AGE	YEARS 69	MONTHS 8	DAYS 29	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teamster			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri			
	13. NAME William Jones			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown			
	15. MAIDEN NAME Lucinda Wright Virginia			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	March 20 1938
22. I HEREBY CERTIFY, That I attended deceased from March 18 , 1938, to March 20 , 1938	
I last saw him alive on March 20 , 1938. Death is said to have occurred on the date stated above, at 4:05a m.	
The principal cause of death and related causes of importance were as follows: Chronic nephritis	
Other contributory causes of importance: Hypertension	
Name of operation	Date of.....
What test confirmed diagnosis? clinical	Was there an autopsy? NO
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) A. L. Lewis , M. D. (Address) 2601 N Whittier	

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Greenwood Cem** DATE **Mar 26 1938**

19. FUNERAL DIRECTOR **F. A. Greary**
 (ADDRESS) **2915 Franklin ave.**

20. **MAR 26 1938** Local Registrar **J. B. Brudick**

Individual Embalmer's License

Expiry Date

Issue Date

Class

License No.

Signature of Applicant

Signature of Embalmer

Signature of Witness

Signature of Registrar

STATEMENT BY LICENSED EMBALMER

I, J. A. Brown Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Brown

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Licensed Embalmer No. 2963

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.)