

S. No. 2
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5-17-3
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20133

JUL 13 1942 5791

State File No. _____

5606

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos., 26 days
(Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 819a S. 18th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jonas Winters

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Winters

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 12 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>14</u>	hr. _____ min.

9. Birthplace Greenville, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Messenger

11. Industry or business Custom House

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Winters

(b) Address 819 So. 18th Street

17. (a) Burial (b) Date thereof 6-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) JUN 30 1942 J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26, year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 31, 1942 to June 26, 1942, that I last saw him alive on June 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus

Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature M. E. Fowler (M. D. or other) _____

Address 2629-31 Cole St. Date signed 6-29-42

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

00
17
9

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Welmar*

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.