

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9268**

1. PLACE OF DEATH:

(a) County _____
 (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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)
 In this community **25 years**

3. (a) PRINT FULL NAME **Albert Jones**

3. (b) If veteran, name war **10**
 3. (c) Social Security No. **ND**

4. Sex **MALE** 5. Color or race **NEGRO**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **ELNORA JONES**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased: (Month) **10** (Day) **1** (Year) **1898**

8. AGE: Years **44** Months **0** Days **0**
 If less than one day _____ hr. _____ min.

9. Birthplace **VICKSBURG MISS**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business _____

MOTHER FATHER {
 12. Name **WILLIAM JONES**
 13. Birthplace **VICKSBURG MISS**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 16. (a) Informant **BEATRICE SNITER**
 (b) Address **1442 N 22ND ST. Removal**
 17. (a) **Removal** (b) Date thereof **10-6-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Helby, Miss.**
 18. (a) Signature of funeral director **PAYTON JONES**
 (b) Address **2631 Grand**
 19. (a) **NOV 6 1942** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL") **9 21**
 (d) Street No. **2655 Lucas**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1**
 year **1942** hour **1** minute **08 A.M.**

21. I hereby certify that I attended the deceased from **October 27, 1942**, to **November 1, 1942**;
 that I last saw him alive on **November 1, 1942**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease with Decompensation**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **95**

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 **J. E. Smith** (M. D. or other) _____
 Address **2601 Whittier** Date signed **11/4/42**

Duration **Unk.**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

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

Signed..... *Charles L. Howell*

Licensed Embalmer No. *2452*

P. O. Address. *2834 Gamble*

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.