V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35540

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9248

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: H. G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 fe
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 017 9

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

(d) Street No. 4164 Lexington Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mattie Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col. 3

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 24 (Day) 1883 (Year)

8. AGE: Years 59 Months 8 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework.

11. Industry or business at home

FATHER
12. Name Willis Jones.
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ella Curtindol
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Kattie Tyler
(b) Address 4345 St. Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 5 (Day) 42 (Year)
(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director H. J. Smith
(b) Address 4247 W. Labadie Ave

19. (a) NOV 5 1942 (Date received local registrar) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st year 1942 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Primary	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1 x 8 / 1 0	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M.D. or other) 3

Address Oppy Ave Date signed 11/5/42

(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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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.