

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19801

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City St. Louis, Mo. (No. City, No. St.)

File No.
 Registered No. **5525**
 St. Ward

2. FULL NAME

Queenie Jefferson
 (a) Residence, No. 7809 Clark St., 22 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt. 70</u>	<u>—</u>	<u>—</u>	<u>—</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

PARENTS

10. NAME OF FATHER Richard Soldon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT (Address) Anna F. Woodard City Hospital #2

15. FILED IN 15 1927 male Starkloff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1927

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1927, to June 13, 1927, that I last saw him alive on June 13, 1927, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
131
ANC (duration) yrs. 5 mos. ds.
 CONTRIBUTORY (SECONDARY) Nephritis Chronic
Indefinite (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? not known

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Laboratory
 (Signed) J. W. Gray, M. D.
 , 19 (Address) City Hosp. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Greenwood Cemetery 6/15 1927

20. UNDERTAKER ADDRESS
A. Russell and Co. 2739 Pine

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

