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

Do not use this space. 38712

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1 2 15

City Saint Louis (No. Enroute City Hospital No 2 St. ..... Ward)

File No. ..... Registered No. 10441

2. FULL NAME Grace Jefferson

(a) Residence, No. 1809a Goode Avenue St., 11 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18th, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hope Arkansas

FATHER

13. NAME Joseph Jefferson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Girlee Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Arkansas

17. INFORMANT Bertie Jefferson Turner
(ADDRESS) 1809a Goode Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec. 5th, 1933

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED DEC -4 1933, 19 ..... J. L. Broeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendence

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
21 M	
Fracture of Skull, received in a collision between two automobiles in St. Louis, Mo.	21 M

Other contributory causes of importance:
Deceased was riding in one of the automobiles

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/30, 1933
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Public Place
Manner of injury Collision between two autos
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) ..... M. D.
(Address) St. Louis, Missouri
12/1/33

NOTE.—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.

WHITE PAPER, WITH GRADING INK—THIS IS A PERMANENT RECORD