

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

Do not use this space.

22696

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Johns Hospital) St. Ward.....

File No.....
Registered No. 6556
St. Ward.....

2. FULL NAME

Ella Jefferies
(a) Residence, No. 2804 Lobelt St. St. 2 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Jefferies</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 30, 1869</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Olney Ill</u>	
	13. NAME <u>Bernard Stangle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Olney Ill</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Winnie Harris</u> (ADDRESS) <u>4390 W. Phisnon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olney Ill</u> DATE <u>July 3</u> 19 <u>34</u>		
19. UNDERTAKER <u>Alexander & Sons</u> (ADDRESS) <u>6195 Delmar</u>		
20. FILED <u>JUL - 3 - 1934</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/22/34, 19... to 6/30/34, 19...
I last saw him alive on 6/30/34, 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:
Addison's Disease
68
Other contributory causes of importance:
None

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19...
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Chas Hugh Necesses M. D.
(Signed) Homer Goldt Day
(Address) St. Louis

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.

AUG 15 1934

THIS IS A PERMANENT RECORD

Dr. C. W. Nelson
Humboldt Ridge,
Jef 0251 -