

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.

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

Do not use this space.

**APR 27 1937**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170 File No. 13683  
 Township Jefferson Primary Registration District No. 6248-H. Registered No. 96  
 City Richmond Heights (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Samuel A. Jeffries, Jr.

(a) Residence, No. 7428 Arlington Dr. St. \_\_\_\_\_ Ward Richmond Heights, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1924

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
13	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
 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) Lancaster, Missouri

13. NAME Samuel A. Jeffries, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

15. MAIDEN NAME Adele Brandstetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greencastle, Mo.

17. INFORMANT Samuel A. Jeffries, Sr.  
 (ADDRESS) 7428 Arlington Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE April 1 1937

19. UNDERTAKER Robert J. Ambruster  
 (ADDRESS) Clayton Rd. and Concordia Lane

20. FILED April 1, 1937 Sam A. Bassett  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1937

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 6:50 p.m.

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

Struck by automobile while playing baseball on a public highway. Date of onset 3/30/37

Other contributory cause of importance: Nature of the skull 3/30

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Was there an autopsy? YES

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 30, 1937

Where did injury occur? Richmond Heights, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by auto  
 Nature of injury Fractured skull (base)

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) John O. Smuller, M. D.  
 (Address) Corner St. Louis Park

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