NOV 15 1937

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

35845
Do not use this space.

1. PLACE OF DEATH
(a) County
Registration District No. 791
(b) Township
Primary Registration District No. 1003
Registered No. 9422
(c) City St Louis, Mo.
(d) Street No. Homer G. Phillips Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ada Jefferson
(a) Residence, No. 2318 Chouteau Ave St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-1910

7. AGE: Years 29 | Months 2 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic,
9. Industry or business in which work was done, as 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) Winona, Miss

FATHER
13. NAME Allen Marshall,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER
15. MAIDEN NAME ~~Rinda Morrow.~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT J. T. Marshall
(ADDRESS) 2318 Chauteau Ave,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 10/9 th, 19 37

19. FUNERAL DIRECTOR R. C. Houston, Jr,
(ADDRESS) 2812, Thomas, St,

20. FILED OCT 9 1937 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th 19 37

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 9:30 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary
Tuberculosis

Other contributory causes of importance:

TB

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? ..... 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 .....
(Signed) Alfred Henry, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

8773

STATEMENT BY LICENSED EMBALMER

I, R.C.Houston, Jr., , Licensed Embalmer No. 2266.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2266 or by XXX , Registered Apprentice No. XX

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2266.

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.)