

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

30919
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Peoples 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 **Tellious Hancock Jeffreys** **162**

(a) Residence, No. **3527 Laclede Ave.** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **(write the word) Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Amelia T. Jeffreys**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 22, 1886**
 7. AGE YEARS **51** MONTHS **9** DAYS **0** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Porter**
 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) **Rolla** 0
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Oscar Jeffreys** 1
 14. BIRTHPLACE (CITY OR TOWN) **Virginia** 1
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Minerva Marr**
 16. BIRTHPLACE (CITY OR TOWN) **Tennessee**
 (STATE OR COUNTRY)

17. INFORMANT **Eugenia Jeffreys Vaughn**
 (ADDRESS) **3527 Laclede Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Rolla, Mo.** DATE **Sept. 26, 1938**

19. FUNERAL DIRECTOR (NAME) **Russell Untd. Co.**
 (ADDRESS) **2732 Pine Street**

20. FILED **SEP 24 1938** **J. P. Bredek**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 13, 1938**, to **Sept 22, 1938**
 I last saw him alive on **Sept 22, 1938** Death is said to have occurred on the date stated above, at **3:20 p.m.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset
 Other contributory causes of importance
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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 **PTA** (Signed) **W. H. ...**, M. D.
 (Address) **4270 St. ...**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Joel Russell, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Joel Russell

Licensed Embalmer No. 2115

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.