

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30932
Do not use this space.

791

1003

8369

REC'D OCT 12 1938

1. PLACE OF DEATH

- (a) County St. Louis
- (b) Township St. Louis
- (c) City St. Louis Mo
- (d) Street No. Bethesda General Hosp St.
- (e) Length of residence in city or town where death occurred yrs. mos. 10 ds.
- (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 717 North 11th Street St. St. Louis 9th
- (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry E. Bridges</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27 - 1887</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	IF LESS than 1 day, . hrs. or . min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1938</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Murphysboro, Ill</u>		
FATHER	13. NAME <u>Thomas John Jeffries</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Beard, Scotland</u>	
MOTHER	15. MAIDEN NAME <u>no record Spangler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summersville, W. Va</u>	
17. INFORMANT (ADDRESS) <u>Harry Edmond Bridges, 712 North 11th St. St. Louis 9th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis 9th</u> DATE <u>9/27/38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. H. Bricker, St. Louis 9th</u>		
20. FILED <u>SEP 25 1938</u> <u>J. H. Bricker</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938, to Sept 24, 1938. I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 6 P.M.

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

Mesenteric Thrombosis
Carcinoma of Cecum

Other contributory causes of importance: H.C.

Name of operation Exploratory Lap. Date of 9/21/38

What test confirmed diagnosis? X-Ray 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? no
 If so, specify _____
 (Signed) Kayall Weaver, M. D.
 (Address) 1703 So Grand

Every item of information should be carefully supplied. AGE KNOWN TO STATE EARLIER. 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,

John P. Lange

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John P. Lange

Licensed Embalmer No. *4629*

P. O. Address

E. St. Louis 9 Mo.

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.