REC'D NOV 16 1938

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

2 1

33929
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 8915
(c) City St. Louis (d) Street No. 8436 Edna St. 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 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 160 Harry Jeffrey
(a) Residence, No. 8436 Edna St. St. 8
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Berdie Jeffrey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25 1861
7. AGE: Years 76 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Stone Masion
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 50 Con.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brimingham England 4

FATHER
13. NAME: Un. Known 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known 9

MOTHER
15. MAIDEN NAME: Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Berdie Jeffrey 8436 Edna St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cremation DATE: Oct. 13 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Diedrich Funeral Home 8319 Halls Ferry Rd.
20. FILED: OCT 13 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from 7/8, 1938, to 10/11, 1938
I last saw him alive on 10/11, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1929
Other contributory causes of importance: Uremic Poisoning	6 days

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? No
If so, specify .....
(Signed) J. F. Chop, M. D.
(Address) 8321 N Bdy

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.

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, ...

....., or by .....

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

Signed Arthur R. Liedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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