

FEB 22 1939

REC'D MAR 9 1939

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

7791
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 200
(c) City Olivette (d) Street No. 1123 brightling Pl. 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

Jessie D Gifford

(a) Residence, No. 1123 Brightling Dr. St. Commeaut Ohio
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl W Gifford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Ohio

FATHER 13. NAME Daniel Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Earl W Gifford.
1123 Brightling Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Commeaut Ohio DATE 2-22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H Bopp
131 W Argonne Dr Kirkwood Mo.

20. FILED FEB 22 1939 J.R. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/28, 1938, to 2/21, 1939

I last saw her alive on 2/21, 1939. Death is said to have occurred on the date stated above, at 4 p.m.

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

Cancer of the breast
metastatic cancer of the liver

Date of onset
1935
1938

Other contributory causes of importance: 50

Name of operation Triple Mastectomy Date of 2/14/38
What test confirmed diagnosis: Section 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) Walter Jordan, M. D.
(Address) 503-7 Hall Bldg
Louis, Mo.

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,

Louis H. Bopp

or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis H. Bopp

Licensed Embalmer No. *921*

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.