

-9 1939

REC'D MAY 22 1939

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

16219
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Coronadelet Primary Registration District No. 200
(c) or Jefferson Barracks City (d) Street No. VETERANS Hospital St.
(e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Aaron Jeffries

(a) Residence, No. 4050 Enright Avenue St. Saint Louis, Missouri.
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Willette Jeffries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 28, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
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) Belle, (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Overton Jeffries

14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Tennessee

17. INFORMANT Clinion Decker (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 9th 1939

19. FUNERAL DIRECTOR (NAME) A. L. Reed (ADDRESS) 2726 Levee Ave.

20. FILED MAY 9 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 24, 19 39, to May 6, 19 39

I last saw him alive on May 6, 19 39. Death is said to have occurred on the date stated above, at 7:40 A.M.

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

Arteriosclerosis, cerebral, severe Date of onset 4-9-39

Other contributory causes of importance: Arteriosclerosis, generalized; Hypertension, severe. 1933

Name of operation None Date of May Clinical Manif. and Lab.
What test confirmed diagnosis? None 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 See above
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, 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, or by.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address *5506 Franklin*

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.