

2550 JUL 12 1939

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

20741  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. **791**  
 (b) Township ..... 1 Primary Registration District No. **1003**  
 (c) City St. Louis, Mo. (d) Street No. BARNES 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

(a) Residence, No. Samuel B. Jeffries St. 12  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)  
Congress Hotel

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 Lucinda Ball Jeffries.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3rd 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 4 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer  
 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) Lewis County, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Wm. Jeffries.  
 14. BIRTHPLACE (CITY OR TOWN) Lewis County, (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah Smallwood.  
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. S.B. Jeffries. (ADDRESS) Congress Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE June 24th 1939

19. FUNERAL DIRECTOR (NAME) C.R. Lupton & Sons. (ADDRESS) 7253 Delmar Blvd. University City

20. FILED 19 J.F. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1939, to 6-22 1939

I last saw him alive on 6-22 1939. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Acute Cardiac Failure  
Atrial fibrillation  
Myocardial heart disease  
Arteriosclerosis, generalized

Date of onset

Other contributory causes of importance:

Hypertrophy of Prostate  
Hypertension  
Cholelithiasis

Name of operation Cystic lymph Date of 6/27/39

What test confirmed diagnosis? Lab. & Clinical 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) J. Patton M. D.  
 (Address) BARNES HOSPITAL

JUN 23 1939

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.

FE - 6201  
1029 - 36

---

---

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.....

*Bradford A. Miles*

Licensed Embalmer No. ....

*2901*

P. O. Address.....

*St Louis 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.**