DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34283

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No. 8821

REC'D NOV 13 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital #1. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County 12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5138 Kennsington Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

513 8 Washington

3. (a) PRINT FULL NAME Ernest Jeffery 1003

3. (b) If veteran, name war None

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Jeffery

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June 12, 1898.
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Garden Plains (City, town, or county) Kansas. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Unknown Jeffery
13. Birthplace Unknown (City, town, or county) Kansas. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mrs. Caroline Jeffery

(b) Address 5138 Kennsington Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/18/39 (Month) (Day) (Year)

(c) Place: burial or cremation Alton Illinois.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) OCT 18 1939 (Specify local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1939 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage — Duration

Due to Torn Vena Cava

Due to Liver and spleen when the car he was Cranking was struck in the neck by a car driven by Raymond Sartor

Other conditions (Include pregnancy within 3 months of death) on Sept of about 1337

Major findings: Of operations Walter about 140 — Oct 15-1939

Of autopsy

Raymond Carlessmen

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Raymond Carlson

(b) Date of occurrence 10/15/39

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Joseph M. [illegible] M.D. (Coroner)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

50M-5-17-39
Rev. 5-17-39
I X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.