

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.

1939 DEC 9 784 Registration District No.

Primary Registration District No. 200

1. PLACE OF DEATH: (a) County Saint Louis (b) City or town Jefferson Barracks (c) Name of hospital or institution Veterans Administration Facility (d) Length of stay: In hospital or institution Adm: 11-7-39

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County - (c) City or town Saint Louis (d) Street No. 3130 Clark Avenue (e) If foreign born, how long in U. S. A? - - - - - years.

3. (a) PRINT FULL NAME Will JEFFRIES 162 (b) If veteran, name war World (c) Social Security No. -

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month November day 26 year 1939 hour 4:20 minute A. M.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced M (b) Name of husband or wife Irena 6. (c) Age of husband or wife if alive - - - - - years 7. Birth date of deceased January 26, 1892 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 7, 1939, to November 26, 1939; that I last saw him alive on November 26, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day 47 10 0 hr. min.

Immediate cause of death Rheumatic heart disease with myocardial damage and mitral insufficiency. Duration Unkn. Due to 7:24 hr

9. Birthplace Huntington, Mississippi (City, town, or county) (State or foreign country) 10. Usual occupation Laborer, WPA

Other conditions Arteriosclerosis, general Cirrhosis of the liver (Include pregnancy within 3 months of death) Unkn. Major findings: PHYSICIAN

MOTHER FATHER 11. Industry or business - - 12. Name Joe Jefferies 13. Birthplace Desha County Ark (City, town, or county) (State or foreign country) 14. Maiden name Mary Terril 15. Birthplace Unknown La (City, town, or county) (State or foreign country)

Of operations No operation Of autopsy No autopsy Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Clinica S. Cherry, A.F. (b) Address Jefferson Barracks, Mo. 17. (a) Burial (b) Date thereof 12/1/39 (c) Place: burial or cremation Jefferson Brks 18. (a) Signature of funeral director J. H. Randle & Son (b) Address 3133 Bell Avenue 19. (a) DEC 1 1939 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) Means of injury 23. Signature C. W. HUGHES, M.D. Chief Med. Officer (M, D. or other) Address VAF Jeff. Bks., Mo. 11-27-39 Date signed

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

S. J. Watson
.....
Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.