

Registration District No.

Primary Registration District No.

Registrar's No.

1035

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4002 McRee Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 4002 McRee Ave
 years, months or days)

3. (a) PRINT FULL NAME Jennie M. Tefft

3. (b) If veteran, name war. *****
 3. (c) Social Security No. *****

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Frederick Tefft
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 9 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 21 hr. min.

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Winner
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Chambers
 (City, town, or county) (State or foreign country)
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Turner
 (b) Address 4002 McRee Ave

17. (a) Burial (b) Date thereof Feb 2 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jacksonville Ill

18. (a) Signature of funeral director Petz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) FEB 1 1940 (b) _____
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4002 McRee Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day January
 year 1940 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1937
 19 _____ to January 30, 1940
 that I last saw her alive on Jan. 28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Artery Disease
Myocarditis

Due to Terminal Broncho
Pneumonia

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

3 days

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) _____
 (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)
 (e) Means of injury _____
 23. Signature J. B. ... (M. D. certificate)
 Address 601 Union St. Bldg Date signed 1-31-40

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..... *Francis J. Swann*

Licensed Embalmer No. *2285*

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.