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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9063
2546

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer G Phillips Hosp
(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) 1
In this community about 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis 29 (If outside city or town limits, write "RURAL")
(d) Street No. 2515 N Jefferson (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EASTER JEFFESON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 5 1876 (Month) (Day) (Year)
8. AGE: Years 63 Months 6 Days 17 If less than one day hr. min.
9. Birthplace Tula (City, town, or county) Miss (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Press Lindsay
FATHER 13. Birthplace not known Miss (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Easter Lindsay
MOTHER 15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Ora Carter
(b) Address 2515 N Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 18 40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A P Richardson
(b) Address 2625 Gravois
19. (a) MAR 18 1940 (Date received local registrar) (b) J F Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12th year 1940 hour 6:00 minute P. 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 — Duration
Arterio Sclerosis;
Chronic Nephritis; Aortitis;
Due to (Non specific)
Due to 131
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J Ker Berry (M. D. or other)
Address City Morgue Date signed 3-14-40

(Licensed Embalmer's Statement on Reverse Side)

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 G. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.