No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

1003

State File No. 20298

Registration District No. 791 Primary Registration District No. Registrar's No. 5110

**1. PLACE OF DEATH:**

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community about 25 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis
(c) City or town ~~St Louis~~ S (Clayton)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 - Box 388 N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Delia Jefferson

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Robert Jefferson 6. (c) Age of husband ~~or wife if~~ alive 60 years

7. Birth date of deceased not known (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| About 70 | ✓ | ✓ | hr. min. |

9. Birthplace Farmington Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name George Baker
13. Birthplace ? Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen Claudy
15. Birthplace ? Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mary Cove
(b) Address R-2 Clayton Mo
17. (a) Washington (Burial, cremation or removal) (b) Date thereof 6/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. Lewis
(b) Address Webster Groves
19. (a) JUN 23 1941 (Date received local registrar) (b) T. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6-19 day 41 year 1941 hour 5:30 minute m. M.
21. I hereby certify that I attended the deceased from 6-1-41 to 6-19-41 that I last saw h alive on 6-19-41 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Parkinson's Disease
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Non Malignant
Of autopsy Obstruction of Mesenteric vessels. Hydrothorax, C.P.

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 G. S. Dawes (M. D. or other) M.D.
Address 1536 Papin St Date signed 6-21-41

(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 J. C. Lewis

Licensed Embalmer No. 2077

P. O. Address Webster Groves Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**