

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33064**

FILLED NOV 24 1941 791

Primary Registration District No. **1003**

Registrar's No. **8018**

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:
residence, Congress Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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. **275 North Union**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LUCINDA BALL JEFFRIES**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Samuel B. Jeffries**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **November 25 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **11**
If less than one day
.....hr.min.

9. Birthplace **La Belle Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....
MOTHER FATHER { 12. Name **Willis T. Ball**
13. Birthplace **La Grange Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Frances Snapp**
15. Birthplace **La Grange Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs M. Hagood**
(b) Address **Marston, Missouri.**

17. (a) **entombment** (b) Date thereof **Oct. 8, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **C. R. Lupton & Sons**
(b) Address **7233 Delmar Blv'd., St. Louis**

19. (a) **OCT 7 1941** (b) **J. J. Bredich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct**, day **6**
year **1941** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **February 22 1938** to **July 9 1941**
that I last saw her alive on **July 9 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension**
Cerebral hemorrhage

Due to **Arteriosclerosis**

Due to **Hypertension + Diabetes mellitus**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
Indefinite

PHYSICIAN
W. J. 19
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. J. Bredich** (M. D. or other)
Address **4952 Mayland Ave** Date signed **Oct 7**

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

Dr. H. L. Alexander
4952 Maryland Ave.
RO-2910
2-5 PM

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: Clarence A. Murr
Licensed Embalmer No. 4011
P. O. Address: St. Louis

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, fact should be so stated above.