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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2870

FILED APR 13 1942

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.....
(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 days
22 years (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Georgia Jefferson

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

4. Sex 3 Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. October 17, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 4 8 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Unknown

13. Birthplace. Unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Lucinda Clark

15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) Antonio Book (b) Date thereof. 2-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. F. Boddie

(b) Address.....

19. (a) Mar 21 1942 (b) J. F. Boddie
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Chestnut
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1942 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from February 15, 1942 to February 25, 1942
that I last saw her alive on February 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Pos. G. I. Malignancy 3 mos.

Due to.....

Due to.....

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 Lewis F. Boddie (M. D. or other).....

Address 2601 Whittier Date signed 2/28/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.