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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 5756

Registration District No. 791

Primary Registration District No. _____

06
17
9

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

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:
3892 Arsenal Street /
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 / 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3892 Arsenal
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Jennie L Lafferty

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 Widowed

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

7. Birth date of deceased May 9, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 9 - 42 to July 3 - 42 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to total 108

Due to _____

Other conditions Intermittent Nephritis 3 Months
(Include pregnancy within 3 months of death)

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name John Walters

13. Birthplace Not known Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Jane Neeley

15. Birthplace Not known Tennessee
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

16. (a) Informant Maud Lafferty

(b) Address 3892 Arsenal Street

17. (a) burial (b) Date thereof 7 - 7 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coolvary Cemetery

18. (a) Signature of funeral director John J. Ziegenhain

(b) Address 7027 Graydon

19. (a) JUL 6 1942 (b) J. F. Meddock
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(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 Blair (M. D. or other) _____

Address 3098 Delmar Date signed July 6 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.....

B. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.