

S. No. 2
DM-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39281
Registrar's No. 2688

FILED DEC 13 1943

Registration District No. 6076

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital, or institution:
ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 243 DAYS
(Specify whether
In this community 248 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1913 BELLEGLADE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME

MARIE JEFFRIES

3. (b) If veteran, name war NO

3. (c) Social Security No. 2

4. Sex FEMALE 5. Color or race COLORED

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased MARCH 10 1919
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 22 If less than one day - hr. - min.

9. Birthplace HOLLY SPRINGS MISS.
(City, town, or county) (State or foreign country)

10. Usual occupation LOCKER ROOM GIRL

11. Industry or business

MOTHER { 12. Name REMPSEY JEFFRIES
13. Birthplace HOLLY SPRINGS MISS.
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH KING
15. Birthplace HOLLY SPRINGS MISS.
(City, town, or county) (State or foreign country)

16. (a) Informant PATIENT

(b) Address ROBERT KOCH HOSPITAL

17. (a) Removal (b) Date thereof 12-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Springs, Miss.

18. (a) Signature of funeral director O. M. Holmela

(b) Address 2829 Washington Ave

19. (a) DEC - 6 1943 (b) E. J. McEwen, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 2
year 1943 hour 9 minute 8 A.M.

21. I hereby certify that I attended the deceased from APRIL 10 1943 to DECEMBER 20 1943; that I last saw her alive on DECEMBER 2 1943; and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY T.B.C. Duration 15 MONTHS?

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 1381

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? _____

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

23. Signature Frank Cohen (M. D. or other) _____

Address Robert Koch Hosp Date signed 12/2/43

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.....

Oliver Wendell Holmes

Licensed Embalmer No. *4190*

P. O. Address. *2829 Washington*

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.