

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

FILED FEB 7 1945 318

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)  
 In this community 50 years  
(Specify whether years, months or days)

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. 4246 West Belle  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Walter Jefferson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race negro  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Charlotte Jefferson  
 6. (c) Age of husband or wife if alive 39 years  
 7: Birth date of deceased 2 16 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kinloch, St. Louis Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
 13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlotte Jefferson  
 (b) Address 4246 West Belle

17. (a) Burial (b) Date thereof 1 29 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bries  
 (b) Address 1614 S. St. Louis, Kinloch, Mo.

19. (a) JAN 29 1945 (b) J. F. Bredak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25  
 year 1945 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from January 4, 1945, to January 25, 1945;  
 that I last saw h. im alive on January 25, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Hypertensive Heart Disease with Coronary Involvement

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 Alva Moore (M. D. optional) \_\_\_\_\_  
 Address 2601 D. Wheeler Date signed 1/27/45

Duration

Unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 Louis V. Atkins

Licensed Embalmer No. ~~3644~~ 2848

P. O. Address 3644 Finley

**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.**