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#53462
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **450**
Registrar's No. **1080**

FILED FEB 13 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 48 years (Specify whether 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") 177
(d) Street No. 1636 S. Theresa (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD JEFFERS
3. (b) If veteran, name war No 3. (c) Social Security No. 498-09-0057

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lulu Campbell Jeffers 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased October 14 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 16 hr. min.

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

10. Usual occupation Musician

11. Industry or business _____

12. Name Simon Jeffers

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

14. Maiden name Chave De Vorkin

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

16. (a) Informant Abraham E. Jeffers

(b) Address 1301 Purdue

17. (a) Burial (b) Date thereof 2-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Hebrew

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Ave.

19. (a) FEB 1 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1946 hour 7:35 minute A M.

21. I hereby certify that I attended the deceased from 1/28/46
1946, to 1/30/46, 1946
that I last saw him alive on 1/30/46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Hypertensive Arteriosclerosis
Heart Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy none

Duration

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 L. D. Gregory 1/30/46
Address 1515 Lafayette Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

2532

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. 1397

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.