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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 87

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11943

Primary Registration District No. 6076

Registrar's No. 650

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Elmwood Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chicago Blvd.
(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 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Elmwood Park
(If outside city or town limits, write "RURAL")
(d) Street No. Chicago Blvd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Wilson Jeffers
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Rosetta Jeffers
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March (Month) 31 (Day) 1881 (Year)

8. AGE: Years 65 | Months 11 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Henderson (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....

FATHER
12. Name George Jeffers
13. Birthplace Henderson (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Amelia Hampton
15. Birthplace Henderson (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Rosetta Jeffers
(b) Address Chicago Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 22 (Day) 47 (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Atkins Bros. Und. Co
(b) Address 3644 Finney Ave.
19. (a) 3-21-47 (Date received local registrar) (b) Ruth Fellen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1947 hour 3 minute 7 M.
21. I hereby certify that I attended the deceased from Mar 16, 1947, to Mar. 17, 1947 that I last saw him alive on Mar. 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	
Due to 93d.	
Due to	
Other conditions Chr. Myocarditis (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 C H Denny (M. D. or other) MD
Address Creve Coeur, Mo. Date signed 3-18-47

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1947

AUG 28 1947

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. 2842

P. O. Address. 3644 Finney Ave

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.