. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39804

Registrar's No. 10717

WRITE PLAINLY—USING 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: 7006 Eugene (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 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 7006 Eugene (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur L. Jeffries
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Hope Jeffries
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased August (Month) 7 (Day) 1891 (Year)

8. AGE: Years 56 Months 3 Days 14 If less than one day hr. min.
9. Birthplace Hale (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER 12. Name Norman O. Jeffries
13. Birthplace Hale (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Mary Burnside
15. Birthplace Hale (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Helen Hope Jeffries
(b) Address 7006 Eugene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hale, Mo.
18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave.
19. (a) NOV 21 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 20 year 1947 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 9:30 P.m. 20 Nov 1947 to 11:45 p.m. 20 Nov 1947 that I last saw him alive on 20 Nov 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	4 hrs
Due to: Asthma	
Due to: Chronic Bronchitis	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations — Of autopsy —	

PHYSICIAN — Underline the cause of 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? Means of injury
23. Signature Charles A. Nester (M. D. or other)
Address 5660 S. Compton Date signed 21 Nov 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Frank Arone

Licensed Embalmer No. 2245

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.