S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6534

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1171

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 236 hours (Specify whether years, months or days)
In this community

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. 2221 r Carr St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 3 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER
12. Name Unknown
13. Birthplace (City, town, or county) unknown (State or foreign country)

FATHER
14. Maiden name Priscilla
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) FEB 4 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan. 26, 1948 to Jan. 27, 1948; that I last saw her alive on Jan. 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prob. Cerebral Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Generalized
Pediculosis
Major findings:
Of operations
Of autopsy No

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? (e) Means of injury

23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier St Date signed 1/29/48

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.....

NOT EMBALMED

Licensed Embalmer No.....

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.